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THE HOSPITAL WORLD

Vol. XV Toronto, January, 1919 No. 1

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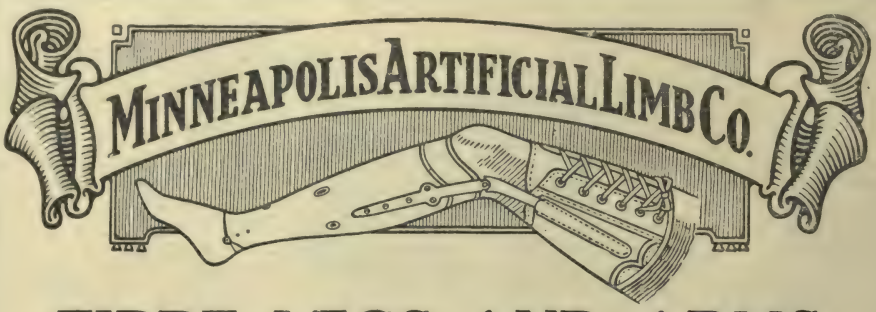
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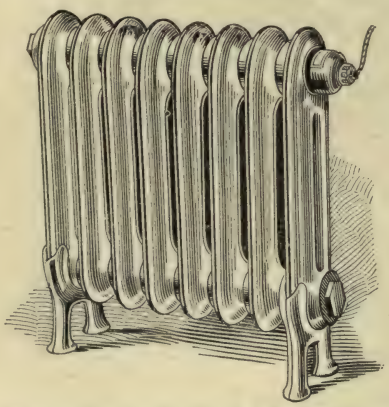
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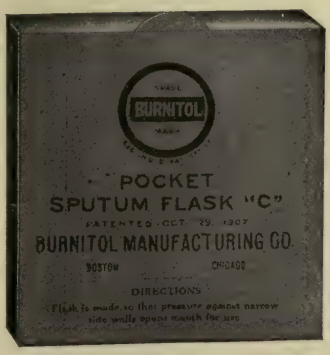
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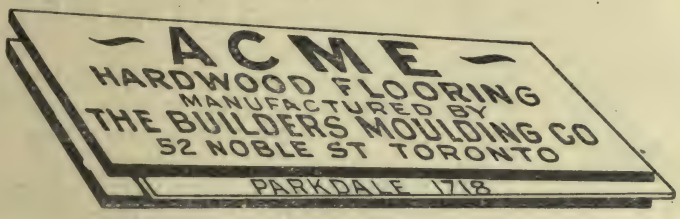
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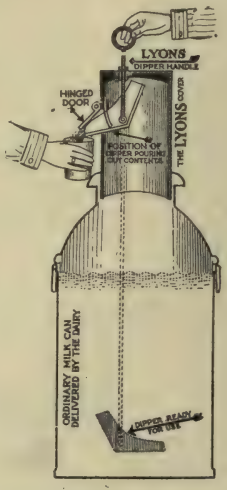
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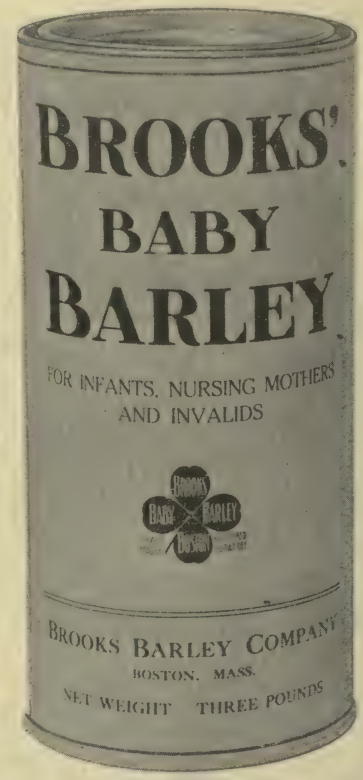
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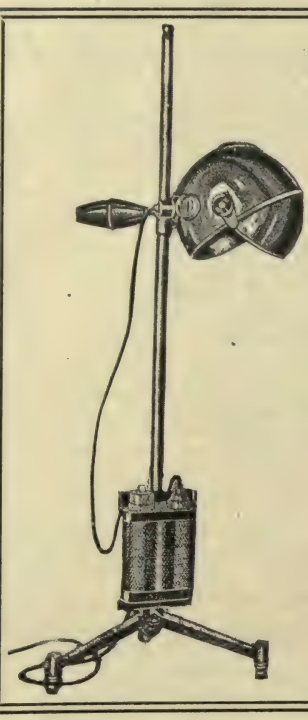
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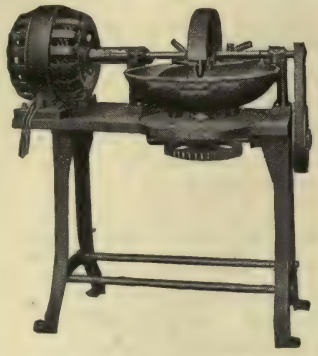
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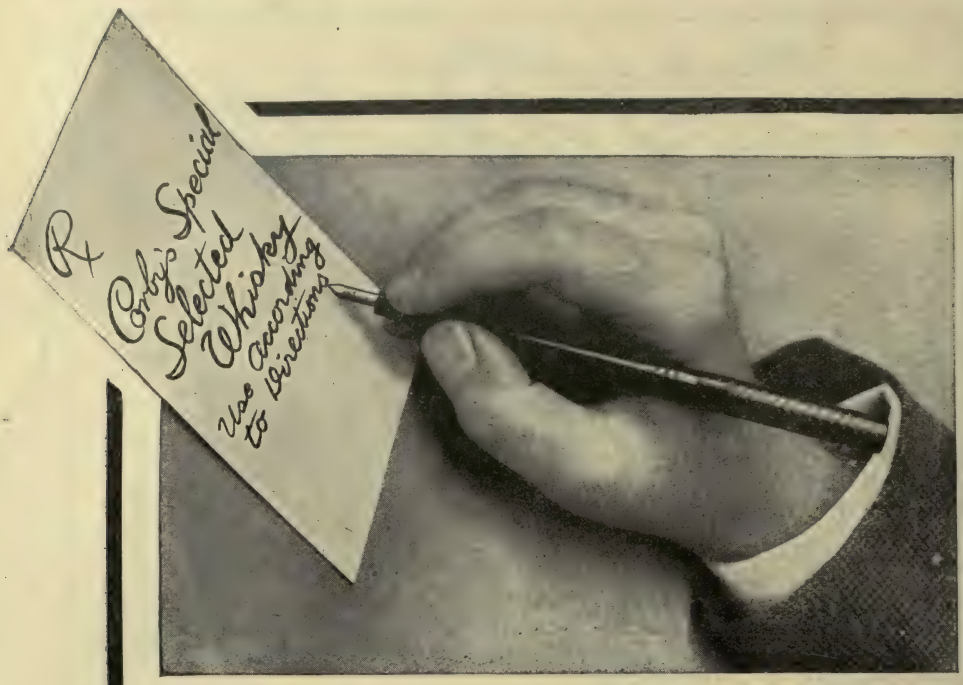
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Vol. XV. TORONTO, JANUARY, 1919 No. 1

Editorial

VOLUNTARY HOSPITALS AND MINISTRY OF HEALTH

IN the Old Land much is made of the Voluntary System of Hospital Support, by which certain philanthropically disposed individuals of means, larger or smaller, when appealed to, give something, larger or smaller, to support the so-called Voluntary Hospitals, the attending doctors working for glory only and the patients, for the most part, looked after free. Of course, in these days of social unrest, many of the common people don't want to be treated like paupers; they want to pay their hospital bills, and want to be paid enough wages to be able to pay them. The doctors, who are considered by Big Business as asses, have been giving gratuitous services to many people who could have, and ought to have, paid them something for their treatment and the hospital something for their care. The modest general practitioner, without pull, was robbed of many patients

who could have paid him a small fee for services by the big hospital out-patient departments. But England is waking up, at the behest of King George, and the health of the people and the question of voluntary hospitals are to come into the spotlight.

A movement is on in England to establish a Ministry of Health. The British Medical Association has issued a statement thereon. The authorities of the voluntary hospitals are also to issue a representative statement. A preliminary feeler has been issued over the signature of Mr. J. Courtney Buchanan, Secretary and House Governor of the Metropolitan Hospital, London, Joint Honorary Secretary of the British Hospitals Association. Mr. Courtney recommends united action on the part of the hospitals by a thoroughly representative body; that opportunity be given for full discussion of proposals; that the hospitals define the position they wish to fill in relation to the proposed new ministry.

If voluntary hospitals are to be maintained in future, says Mr. Buchanan, the working classes must become more interested in maintaining them and be represented on the hospital boards; and it will be advisable to make arrangements with Insurance Committees with a view to obtaining in future payment for all insured persons. The Pensions Committee should be approached for friendly conference. "The question of medical professional remuneration should be regarded definitely and finally as one for the medical profession alone."

The essayist submits that the voluntary system be retained permanently in the highest state of efficiency, being directed to the treatment of the most grievous forms of disease; to raising the general standard of medical and nursing education; and to advancing bacteriological and pathological investigation and scientific research.

Mr. Buchanan contrasts the value of voluntary hospitals, with their elasticity of organization, to the "stereotyped form of working in state hospitals," and recommends the establishment of clinics or treatment centres in touch with hospitals. He adds that selection of cases ought to be made—eliminating the trivial and securing those most valuable for teaching purposes. General practitioners should be allowed the opportunity of referring cases to the hospital for confirmation of diagnosis. It is further suggested that patients should not be treated unless they bring a letter from their medical officers; that casualty departments should be used only for serious accidents or sudden emergency; that outside doctors recommend patients to the institution best suited to their needs; that those patients who can pay ought to pay; that insured patients' doctors should be called in conference with the hospital doctors under whom they are placed; that there should be no bar to the treatment of "distressed gentlefolk or members of the professional classes who are in real need of help"; that the almoners' department (like our social service on this side the Atlantic) "assist the patients to preserve their individuality" and "bring the hos-

pital into co-ordination with outside charitable agencies and into co-ordination with the public health authorities." Further, it is recommended that the after-care of patients be maintained and a full record kept of every case; and that where the staffs of hospitals are called upon to make special examinations of blood, urine and sputum, to take cultures, etc., of patients for general practitioners, they be paid for same.

Finally, the present lay system of administration is recommended to be retained; a uniformity in matters of maintenance and methods of administration established; and an experienced body appointed available for public inspection and control of voluntary hospitals which receive aid from government, municipal, or other sources.

The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums, and Public Charitable Institutions throughout the British Empire.

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Original Contributions

THE CANADIAN ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS

BY GEORGE D. PORTER, M.D.

While it becomes increasingly difficult to record anything of special interest to our annual report, yet it is with pleasure that we are able to report continued progress in our work throughout Canada during the year. The most striking evidence of this progress is naturally shown in the increased accommodation for the tuberculous in sanatoria and special hospitals; this is due however to the added claims of the tuberculous soldiers. But important as these institutions are they do not cover the entire field of work being done by those interested in the anti-tuberculosis movement. Institutions can be seen, but educational work and the formation of public opinion along health lines, which form, according to Dr. Hastings, "90 per cent. of the permanent efficient work in public health administration," goes on steadily but often unseen.

As it is just nine years since our Association last met in the City of Hamilton, it is most natural to review the work as then presented, and compare it with now, and it will be seen that since then great strides have been made in the anti-tuberculosis movement throughout Canada.

At that time there were only six institutions in Canada. Now, apart from those opened by the Invalided Soldiers Aid Commission, there are forty. At that time there was only one institution west of Hamilton. This was in British Columbia, and as the report then stated, its "sixteen beds taxed their accommodation to the utmost." Now there are ten west of Hamilton, and a proportionate growth in numbers east of this city.

The accommodation at that time throughout Canada for the tuberculous was under three hundred beds, now it is over three thousand. The money then spent in maintenance account in these institutions was less than one hundred and fifty thousand dollars per annum. This year's report will show more than nine hundred thousand dollars in the total maintenance expenditures of the various local sanatoria. Some three million dollars have been spent in plants in Canada, which is considerably less than the amount spent for ordinary hospitals with the same accommodation. These figures show a wonderful growth in the past decade.

While the National Sanatorium Association was the Pioneer Organization in Canada and by far the largest, and the one in Nova Scotia was the first Provincial Institution, the Sanatorium at Hamilton was the first local or County Institution in Canada, and is not only a fine example of voluntary organization and civic spirit, but has proved an inspiration to other counties and cities as evidenced by the springing up elsewhere of like institutions, such as those at London, Brantford, Essex County and other centres.

In all these centres while the Provincial Government greatly assists by its grants, and the municipalities and counties add their share, yet their beginning and growth are invariably due to the leadership of some public spirited citizens. Here in Hamilton you have been most fortunate in that respect, and among these none could have a larger place than Mrs. P. D. Crerar.

The growth of the work in this city will best be seen by those delegates fortunate enough to accept the kind invitation of the Hamilton Health Association to visit the Mountain Sanatorium this afternoon.

In all this work education plays a leading part, and for arousing and stimulating public interest in this great movement throughout Canada, our Association, we feel, has been directly and indirectly responsible for a large share.

It will be needless to go fully into the details here of this growth, which has been more or less general throughout the Dominion. In spite of the war we have been assisted by our

federal grant of providing free literature, which has been widely distributed. Our new posters have proved most useful and have met with an excellent demand. There are sets of them in every Canadian Sanatorium, every dispensary, in numerous travelling exhibits, in some schools and colleges, and in a few factories. Last month we had a request from the Rotary Club of Vancouver for a large number of them for the purpose of stimulating public interest in their campaign for raising $75,000 for a tuberculosis clinic in that city, and in expressing their appreciation they spoke of them as being "graphic and immeasurably valuable posters," while the Invalided Soldiers' Aid Commission recommended them strongly as being most suitable for educational purposes. We have also some over in France with the American Commission there, and some in the United States.

The Ontario Educational Department has printed an authorized edition for use in public school libraries of our pamphlet on tuberculosis, the material for which we are indebted to the American Association. This pamphlet has had a wide circulation and should prove of great educational value to the public.

Through the courtesy of our President, Mr. Machado, we have received the assistance of Dr. Wilfrid Grenfell in the distribution of some of our literature in Labrador and Newfoundland. This makes a beginning of our work in those fields.

While we do not intend detailing the various local activities here, yet we cannot omit calling attention to the opening of the large new pavilion for tuberculous soldiers at London this year. This is one of our finest buildings, and is a credit to the London Health Association and to their leader, our former President, Sir Adam Beck.

The Saskatchewan League also has erected a Sanatorium at Qu'Appelle, which will be greatly enlarged by federal and provincial assistance for the care of tuberculous soldiers. The work in this province was started by the Commissioner of Public Health, Dr. M. M. Seymour, with the assistance of our

Association some eight years ago, and while somewhat delayed that work is now bearing fruit.

As pointed out by Dr. Parfitt in the Invalided Soldiers' Aid Commission Report, and by Dr. Elliott in our own report of last year. "Tuberculosis bears practically the same ratio to other forms of disease in the army as it does in civil life." In the last Bulletin of Invalided Soldiers Aid Commission we find that there were in April, 1918, 965 overseas patients in sanatoria, 237 camp patients with 64 on furlough, making a present total being attached to sanatoria 1,266.

It is our intention to obtain from the army, if possible, records of those rejected on account of tuberculosis and follow up these cases in an educational way, as is now being done in the United States.

From accounts, more or less official, from European countries, tuberculosis is very rife over there, due no doubt to lessened resistance from lack of food, and war conditions generally, such as overcrowding and contact with open cases, and the death rate from this disease has increased somewhat in Great Britain since the war. In this connection may we urge the value as a health measure of the first importance, of the present effort at greater food production. Even were there no question of the fear of starvation, none can dispute the great importance from a national standpoint of retaining the vitality of our people, and for this the increase of food production stands easily first. And if true here in Canada, how much more necessary for those suffering abroad.

We have just received from Dr. Bryce some posters used by the American Commission on Tuberculosis now working in France. You will notice on one of these striking French posters this sentence, "The German Eagle must be conquered. Tuberculosis should be also." While doing all in our power to achieve the former, we must not forget that the health of our people is of supreme importance in these same efforts, for anything that lessens tuberculosis adds more men to our fighting line, for tuberculosis hits hardest in the prime of life. The last Ontario Provincial Board of Health Report shows very clearly that the ravages of this disease are most evident in

those between the ages of 20 and 29—in other words, the military age.

The January number of *The British Tuberculosis Journal* contains a symposium on Tuberculosis and the War, and we cannot do better than quote from some of these timely articles, for what they suggest regarding conditions and their betterment in the old land holds true for Canada as well. As pointed out by Sir William Thompson, "The treatment of tuberculosis in sanatoria (in Great Britain) since the outbreak of the war has and is becoming increasingly difficult," and the tuberculosis worker, according to Dr. John Guy, "should strongly support every movement likely to make for the physical betterment of the race, such as Child Welfare Schemes, Fuller Provision for Open Air Schools, More Physical Culture in the Schools, Teaching of Mothercraft and Household Management, House visitation by Nurses and improved housing conditions."

Sir Garrod Thomas continues, "As far as in our power, facilities should be given to enable such tuberculous patients as are physically fit to be trained and to be engaged in healthy occupations. Though there are many desirable occupations available, even that is not enough; the conditions of working must be hygienically and economically right. It is easy enough to train patients in sanitary habits and hygienic customs when they work together in colonies, or are congregated in institutions set apart for tuberculous subjects, but the real difficulty and the practical leakage come when these tuberculous cases return to their own homes and fall back into their old surroundings, and that is where the best and most promising work is to be done; and yet it is the centre of effort that presents the greatest difficulty. There will always be breeding-places for tuberculous cases until people know the value of fresh air and general healthy conditions, and seriously act upon such knowledge; the aim should be to make every home a sanatorium, and until that ideal is reached there will always be fertile nurseries for fresh cases in country and town homes alike."

We can conclude with nothing better than an extract from the article in the same series by Dr. Thomas Nuttall, for with

his sentiments we are sure, all tuberculosis workers must agree. "Whoever, whether Minister of Health or other official," he says, " will supply our industrial and poorer classes with more airy and commodious dwellings, and will, further, insist on the institution and maintenance of hygienic conditions in the homes and workshops of our land, will have the honor of achieving one of the most important reforms ever brought about by man."

Hotel Dieu Hospital and the Sisters of Charity Convent School at Campbellton, N.B., are in ruins after a fire which broke out on November 18th. No lives were lost. Thirty patients in the hospital were removed to the nearby church. The loss is placed at $39,000, covered by insurance.

At the organization meeting of the Kitchener-Waterloo Hospital Board, on November 19th, the following officers were elected:—President, E. C. Kabel, Kitchener; vice-president, Geo. Diebel, Waterloo; secretary-treasurer, A. A. Eby; President-Elect Kabel advocated the erection of a new Nurses' Home as a fitting memorial of the allied victory.

The suggestion of ex-Mayor John H. Spencer, Brantford, that a memorial should be erected to the nurses and young orderlies who had recently given their lives in fighting the epidemic of Spanish influenza in that city was adopted by the meeting. The memorial will be a civic one. Plans will be adopted at a later date to commemorate the deeds of Brantford soldiers in the war and to erect a suitable civic memorial in honor of the fallen.

Canadian Hospitals

NEW WING TO WOMEN'S COLLEGE HOSPITAL, TORONTO, OPENED

A LONG step forward in hospital accommodation for women, hospital training for nurses, and hospital opportunities for women medical students, was signalized on November 27th by the opening of the beautiful new wing of the Women's College Hospital, 125 Rusholme Road, Toronto, a wing which provides public, semi-public and semi-private accommodation for twenty-five patients, an outdoor department, pathological department, splendid operating and anesthetic rooms occupying the whole of the top floor, and a dispensary, the need of which is evidenced by the fact that it is the only one in the city west of Bathurst Street.

The opening ceremony took place in one of the fine, airy public wards, shining with sunlight and decorated with palms and chrysanthemums. Mrs. A. O. Rutherford, Chairman of the Board, presided, and outlined the rapid growth of the hospital since the installation of the first bed in the dispensary on Seaton Street about 1911. She paid a tribute to Lady Eaton, not only for the financial interest which had helped so greatly in making this progress possible, but also for her far-sightedness and her heartening and encouraging, which had meant so much.

Mrs. Rutherford told also of the class of twelve students now in training, and of the federation which made it possible for them to take lectures at the University of Toronto with about 250 other nurses in training.

The services of the hospital, Mrs. Rutherford said, included medical, surgical, gynecological, nose and throat, obstetrical and pediatrics, all under skilled physicians, who had the advantage also of a consulting staff comprising some of the most eminent men physicians in the city.

On behalf of the Ontario Government, congratulations on the work accomplished and high hopes for future prosperity, and for the blessing always of the Divine Healer, were voiced by the Hon. W. D. McPherson. The need for such an institution, he said, was quite apparent, and he looked forward to even more rapid progress in the future than it had made in the past. The affiliation with the university, he said, would be a fine guarantee of standard.

Dr. Risk, on behalf of the Board of Health, said that that organization would always remember how the Board came to its rescue with the offer of the new wing when it was stuck, owing to the influenza epidemic.

" We were so glad to get in here," he declared with feeling.

Dr. E. L. Skinner-Gordon announced that the fine operating room would be named after Dr. R. B. Nevitt, who from 1888 until it was closed in 1905, was Dean of the Ontario Medical College for Women, whose students started the work of the Women's College Hospital and Dispensary. Dr. Nevitt, in response, said he had been very fortunate in having associated with him in the college work, such men as Col. Wishart. He paid a warm tribute also to Mrs. Rutherford, " whose tact and ability has carried us over many shallow places and dangerous reefs," and to Dr. Skinner-Gordon, whose unfailing enthusiasm had been such a factor in attaining what was such a " justification of our labors."

Lady Eaton, who laid the corner-stone of the new wing in September, 1917, reviewed the situation since the campaign of over two years ago, when " a gallant band of women carried on a campaign begun under the worst conditions under which any campaign ever started.

" I predict that from to-day on the financing of the institution will be an easier matter than it has been," Lady Eaton said, and proceeded to make her prediction come true by duplicating the gift of $5,000 which, made at laying of the corner-stone last year, provided for the installation of the elevator. One thousand of this, she said, was a birthday gift, and the rest the continuation of Mrs. Burnside's contribution begun in the campaign two years ago.

The Rev. Dr. G. C. Pidgeon consecrated the new building by prayer for the new wing and those who serve in it, and the ceremony concluded with the Doxology, after which the guests went on to the new nurses' residence at 149 Rusholme Road, where the hospital auxiliary is.

GRADUATION EXERCISES AT THE HOSPITAL FOR SICK CHILDREN, TORONTO

"The gathering here to-night must feel that there is a sadness which cannot be dissipated—no matter how you may feel otherwise—in the death of Mr. Robertson, who for thirty-eight years was the mainstay of this hospital, who devoted his life practically to the upbuilding of this magnificent work, whose sympathy was always with those who worked for this institution and for the children. His loss has not been made up, but I hope that I am not saying too much when I prophesy that before the year is out his son, Mr. Irving Robertson, may take his place as chairman of this grand institution, and may carry on for more than thirty-eight years the work which his father so splendidly inaugurated and fostered."

So said Sir Edmund Osler, chairman, on Nov. 29th, at the thirty-second graduation exercises of the Hospital for Sick Children Nurses' Training School.

"The past four and a half or five years," said Sir Edmund, "have demonstrated, as no other period in the world's history has demonstrated, what a hospital means. If you could think for a moment what this world would have been without hospitals, without doctors and without nurses during the four or five years of hell through which the world has been passing, you may perhaps form some idea of the value of a hospital such as this, and what the nurses such as are trained here mean to humanity and to the world. The nurses who are graduating now, perhaps, will lose something of the romance that has been more or less with the nurses in the war for the past four or five

years, but they have before them the alleviation of suffering, and just as great works as those who have been at the war, and who have done so much for humanity. Nurses are now recognized as an institution—as something which humanity and civilization cannot do without."

"I have very great pleasure in moving the adoption of this report. This hospital has been most successful in every way. We will miss the guiding hand that with great liberality and sympathy has kept it going for so many years, but we hope that his successor will meet with the same success in the future as has been the case in the past."

Notable was the report read by Miss Potts, the superintendent. Not only had the nurses been efficient and earnest during a very busy year, but their spirit of loyalty and co-operation was never so clearly demonstrated as during the influenza outbreak. Especially proud was the war record of the graduates, fifty-three of whom have been serving overseas, and two of whom have received that coveted decoration, the Royal Red Cross of the First Class. Three others have had Royal Red Crosses of the Second Class, one honorary membership in the British Red Cross, and two others have been mentioned in despatches.

It was most satisfactory to report that the applications exceed those of pre-war days.

Special new features for the nurses were a two months' course in social service field work in co-operation with the Public Health Department. Two graduates had been able to go to the Teachers' College, New York, through the generosity of the late J. Ross Robertson and the Alumne Association had under consideration a $500 scholarship for the same purpose. Miss Potts paid a touching tribute to the hospital's late beloved chairman. Thanks to the doctors and staff and volunteer helpers were also expressed.

Dr. Baines testified that this year's class was the most even on record, and never had so many prizes had to be presented, so high was the girls' general excellence.

Owing to the unavoidable absence of Rev. J. B. Paulin, Rev. Dr. Pidgeon opened the exercises with prayer. The big white reception room in the nurses' residence, where they were

held, was crowded, and every available adjoining space was filled. Exquisite flowers decked all the rooms, and a fine bronze bust of the late J. Ross Robertson had been placed in a corner of the reception room.

Hon. Dr. Cody, who was the chief speaker of the evening, said:

"It is a very great pleasure indeed to me to be invited to take part in these proceedings to-night. There is a real halo in these days about the heads of all nurses. There always was a halo about them, but it has become more visible during the great events of the war. He would indeed have a heart of stone and a very limited intelligence who was not profoundly stirred to sympathy, admiration and affection when he had anything to do with those engaged in this splendid profession of nursing.

"As the chairman has already said, we all feel to-night the absence of him who for so many years was the inspiration of this splendid hospital. Who knows how much he knows of our proceedings to-night, and of all the progress and prosperity that still attend this institution? We remember Mr. Ross Robertson as a trenchant and vigorous journalist, as a man of strong individuality of character, as a man profoundly interested in the early history of our city, who has made a splendid legacy of literature to our public library, and who for all time will be remembered in connection with his work of skill and affection for the sick children of our community and of our province."

Referring to the fact that there is no special monument erected in St. Paul's Cathedral, London, to the honor of its architect, Sir Christopher Wren, but that above the door of the north transept was this inscription, "If you are seeking for his monument, look around you," Dr. Cody said that the whole of the Sick Children's Hospital and its splendid nurses formed a monument to one of Toronto's greatest philanthropists and greatest citizens.

"As a citizen, I would venture to place my wreath of respect and gratitude on this altar in the centre of Mr. Robertson's great institution of helpfulness and healing.

"Mr. Robertson conceived the idea that there should be specialization in our hospitals. That idea was comparatively new when he proceeded to embody it in this institution. He

felt the special appeal of the sick child. Is there any object in all the world quite so appealing as a sick child? He was one of the pioneers in child welfare. He realized that the greatest assets that any country possesses are the assets of its children. He felt that if a child could be restored to health and vigor again it was an increase of the real wealth of the land. Who can begin to measure the value of a child? We know what it is in some faint degree, but we don't know what it will become. 'Boys will be boys,' we sometimes say in a jocular voice, describing their noise and their pranks, but in another turn of the phrase 'boys will be men,' and will bear the burden of nation makers in the days to come. Whoever lingers over a child and trains a child aright, whoever cares for a child's body and makes that body a fit instrument for mind and soul, is rendering a great contribution to the real wealth of the nation. Mr. Robertson, therefore, as the conceiver and realizer of this idea, is worthy of the perpetual gratitude of the people of this city, of this province and of the Dominion."

Hon. Dr. Cody, in alluding to the great days through which we had been passing, emphasized that the days in the new period on which we were now entering would bring just as great opportunities, even though they might not be so spectacular. In alluding to the wonderful services of the doctors and nurses in this war, Dr. Cody added:

"I think there is no class of men who have made greater financial sacrifices for the cause than have the skilled medical men who have left their practices. They have gladly forsaken all and have gone to render their services to the men at the front. We can never pay too generous a tribute to our medical men overseas. I venture to say the personnel of the C.A.M.C. and of the British R.A.M.C. is superb. There may be methods of administration that could be improved, but as to the personnel of the men one can only speak in the warmest and most glowing terms.

"Everything that one sees at the front is linked with the hospitals. That is the other side of the war. There is no glory in modern warfare.

"It is a grim and awful necessity. It is a blending of blood and mud. It calls for supreme endurance and presents the

most awful tragedies to the men and to humanity. One curses from his heart that group of men who unloosed the dogs of war upon the world when one sees the victims of their insensate ambition. Yes, you feel hard, you don't feel like letting them off easy when the times of settlement come. You feel that eternal justice demands that those who committed these crimes against humanity should even on earth be punished as fully as they can, and I am not convinced that any mere earthly punishment can ever hand them out the due rewards of their crimes."

In the glowing tribute to the heroic nurses Dr. Cody said: "They are true heroines, worthy of the blood from which they come."

Mrs. A. J. Robertson presented the diplomas and pins to the following graduates:—Ida Jessie May Barry, Toronto; Louise Beeman, Cobourg; Georgina Hunter Clark, Elora; Florence Currie, Campbellton, N.B.; Edith Louise Harley, Toronto; Agnes Irwin, London; Ulrica Sparham, Smith's Falls; Audrey Drake Backus, London; Florence Holte Barnes, Toronto; Elizabeth Ursula Barr, Lindsay; Bessie Boulton Evans, Toronto; Flora Christine Jackson, Lindsay; Helen Powell McKimm, Smith's Falls; Jessie Isobel Murdoch, Collingwood; Marjory Millar Paterson, Wiarton; Annie Amelia Rogers, Toronto; Anna Marguerite Waddell, Toronto; Violet May Whalen, Penetanguishene.

Prizes in the Graduating Class were awarded to Miss Ida Barry, Toronto; Miss Ulrica Sparham, Smith's Falls; Miss Georgina H. Clark, Elora; Miss Florence Currie, Campbellton, N.B.; Miss Flora C. Jackson, Lindsay. Senior Class:—Miss Grace Knowlson, Lindsay; Miss Madelene Morrison, Peterboro.

Intermediate Class:—Miss Ruth Copeland, Elmvale. Junior Class:—Miss Jean McCraw, Toronto.

Scholarships:—Miss Agnes Irwin, London, Ont., for general proficiency; Miss Marjory Paterson, Wiarton (winner of the Mrs. H. H. Williams $500 scholarship for Columbia University Nursing School). Owing to Miss Paterson's winning of this special scholarship, the first won by her reverts to Miss Bessie Evans. Miss Hazel G. Elliott, Sudbury; Miss Jean Miller, Orillia; Miss Constance Duncan, Vittoria.

Dr. Allen Baines gave out the prizes and Lieut.-Col. Starr, who presented the scholarships, smilingly said that although Toronto had been dubbed "Hogtown," he noticed that all this year's scholarships had been given to out-of-town girls.

After "God Save the King" had completed the exercises a reception was held. Supper and a most enjoyable dance concluded the evening.

ANNUAL REPORT OF THE NATIONAL SANITARIUM ASSOCIATION

To the Board of Trustees:

Gentlemen—I have the honor to present the following report for year ending 31st of March, 1918.

The continuance of our hospital work in these war days is becoming a serious problem indeed. For not only are we obliged to carry on in the face of ever-advancing prices for food and other materials, with a growing shortage of nursing help and labor, but we must provide for an additional number of patients.

Looking back to the beginning of the war, four years ago, we find our daily average number of patients in residence was then 485; to-day it is 688. Our annual expenditure for maintenance at that date was $275,000, to-day it is $510,000, and a conservative estimate of this year's requirements necessitates the provision of $585,000 to meet our needs.

The per capita cost of maintenance, in our Free Hospitals at Muskoka and Weston, has jumped from an average of $10.50 per week to $14.52 per week, and, though legislation has given us some small measure of relief, by way of increased grants from municipalities, a greater burden of responsibility is being thrust upon the trustees; for while we have received some $55,000 from our appeals and from the sale of 'Xmas Seals, etc., the fact remains that for the year under review, our expenditure for maintenance exceeded our income by over $52,000. The generosity of the people of this province must be further quickened, else we must drop behind.

Our doors are open to patients from every part of Ontario, not locally served by similar institutions. During the year we have cared for 1,707 patients, thus making a total of 11,679 cared for in our hospitals to this date.

With the exception of an addition to our piggery at the Muskoka Free Hospital, no new buildings have been erected during the year; some improvements are greatly needed, but, owing to the high cost of construction work, these have had to stand.

A pleasing event was the visit of His Excellency the Duke of Devonshire to the Toronto Free Hospital, when the new wing of the main building, the Assembly Hall and the Davies' Cottage were formally opened. A visit to the Muskoka Hospitals being promised for a later date.

A broad spirit of co-operation exists throughout all departments, welding our officers and staff into an efficient organization, ever watchful of the interests of our work and of the patients in our care.

Reports of the Muskoka Cottage Sanatorium, Muskoka Free Hospital for Consumptives, Toronto Free Hospital for Consumptives (including Queen Mary Hospital for Consumptive Children and King Edward Sanatorium) and the King Edward Memorial Fund, together with audited financial statements showing revenue and expenditure, bank overdrafts and accounts payable, are published with this report.

GEO. A. REID, *Secretary and Treasurer.*

THE INFANTS' HOME, TORONTO

SINCERE and general were the expressions of regret at the annual meeting of the Infants' Home and Infirmary when it was announced that the president, Mrs. Wm. Boultbee, who for thirty years has been on the Ladies' Board, was retiring from office. The Infants' Home without Mrs. Boultbee can hardly be imagined, and in an eloquent address the Hon. Featherston Osler spoke of the many and great services she had rendered the institution. For thirteen years Mrs. Boultbee was treasurer and for the last seventeen years has been president. On behalf

of the Board of Management, Mr. Featherston Osler presented Mrs. Boultbee with a very handsome china breakfast service.

In acknowledging the gift Mrs. Boultbee told of the joy the work had been to her, and that though she would cease to be president she would always take the deepest interest in the institution.

The prayers were conducted by the Rev. Dr. Pidgeon. Sir Robert Falconer presided.

In her secretarial report, Mrs. George Heintzman laid stress upon the need of funds for the Home. The cost of maintaining a child is fifty-two cents a day. The city only pays at the rate of thirty-five cents per day for the children it sends to the Home, and until last year has only been paying twenty-five cents per day.

The high cost of living and the price of coal are the two chief factors which have combined to make the expenses of the Home considerably more difficult to cope with the last few years. The devotion of Miss Wilson, the superintendent, was especially mentioned, who has the care and welfare of the little ones so deeply at heart. There are fifty-five children and twenty-seven mothers in the home at the present time. The health throughout the year has been good. In presenting the treasurer's report Mrs. J. D. Tyrell emphasized the increase in living and deplored the fact that liabilities amounting to something like $7,000 exist.

Though the report shows a balance there are many unpaid accounts, and a strong appeal is made to the public to come forward and help with this grand work of raising delicate and helpless children and enabling them to become strong and useful citizens, which is the highest form of conservation in the world.

The receipts, including a balance from last year of $1,992.43, amounted to $18,384.91. The expenditure was $17,035.40, leaving a balance of $1,349.51.

The Board of Management, with the addition of the following names, remains unchanged:—Mrs. Stratford, Mrs. Chadwick, Mrs. Stewart Fisher, Mrs. Wm. Heintzman, Mrs. Hedley Shaw, Mrs. James MacCullum, Mrs. Caufield, Mrs. Arnold Ivey.

Until a successor to Mrs. Boultbee has been secured, Mrs. W. H. B. Aikens will act as president.

THE HOSPITAL FOR INCURABLE CHILDREN

The nineteenth annual report of the Home for Incurable Children, Toronto, presented at the meeting by Mrs. G. Tower Fergusson, showed that, though the year had passed more or less uneventfully, the good work is carried on with untiring zeal. The work is carried on so quietly that perhaps the Home for Incurable Children has suffered more by the increased demands for the support of all patriotic causes than those charities whose work attracts public attention. For the first time in the history of the Home a small deficit is shown in the treasurer's report.

The receipts amounted to $10,947.14, including a balance from last year of $1,042.07, and the expenditures show a balance overdraft in bank of $391.08.

In the death of the late Mr. John Ross Robertson the Board lost an old friend. Officers for 1918 are as follows:—Hon. president, Mrs. H. Hough; president, Miss Dewar; vice-presidents, Mrs. Fred W. Harcourt, Mrs. Vaux; treasurers, Miss Maria Buchan, Miss Winifred Freeland; secretaries, Mrs. G. Tower Fergusson, Mrs. C. Heron; superintendent, Miss Catherine Fleming.

WESTON SANITARIUM CLUB ANNUAL

The Weston Sanitarium Club of West Toronto has just completed its eighth year of work in connection with the Provincial Sanitarium for Consumptives at Weston. There were three hundred and sixty-two garments made and sent to the hospital. Two lots of flannelette with fifty yards in each were sent to the sanitarium also, and made up by the sewing women of the club there. The treasurer reported a good balance on hand and the receipt of over $40 realized from a money shower for Christmas presents for the one hundred patients at the Queen Mary Hospital. The following officers were elected for the ensuing year: Honorary president, Mrs. J. K. Galbraith; president, Mrs. R. W. Prettie; first vice-president, Mrs. Thos. Bowes; second vice-president, Mrs. R. J. Parker; third vice-president,

Mrs. W. A. Madden; secretary, Mrs. W. J. Lougheed; treasurer, Mrs. Geo. Wright; stock-keeper, Mrs. G. F. Fox; purchaser, T. Bowes; convener of the cutting committee, Mrs. Thos. Leaming; convener of programme committee, Mrs. Madden; convener of hostess committee, Mrs. Thos. Stewart; convener of Tea Brigade, Miss Brown.

The Tea Brigade has served tea every Tuesday afternoon to the soldiers at the Givens Street School Convalescent Hospital during the past year, similar work throughout the previous year being given at the Base Hospital.

HOSPITAL GRANT RECOMMENDED

The Board of Control, Toronto, on November 20th, went on record as in favor of the grant to the Hospital for Sick Children, and instructed the Finance Commissioner and Medical Health Officer to confer with the hospital officials as to the amount. Sir Edmund Osler appeared before the Board on behalf of the Hospital Board of Trustees, stating that the institution had no revenue except that received from contributions, pointing out the fact that the late John Ross Robertson had, during his lifetime, given generous support to the hospital, but, although he had left an endowment, it would not be payable this year.

INCREASED HOSPITAL ACCOMMODATION AT OTTAWA

It has been suggested that the present hospital accommodation in Ottawa be consolidated and enlarged in order to provide provision for the constantly increasing needs of the population. This movement has resulted in the question being brought up of the possible establishment of a medical college in Ottawa. It is understood that Principal Bruce Taylor of Queen's University, Kingston, recently went to Ottawa in order to interest citizens in the future of the local hospitals. The college, if established, would be affiliated with Queen's.

RECEPTION HOSPITAL, TORONTO

After an inspection of the Reception Hospital adjoining Trinity College grounds, at the request of the Board of Control, Dr. C. J. Hastings, M.O.H., has prepared a report, in which he states that in his judgment the building is "quite unfit for the purpose for which it is being used."

"To sum up," says the M.O.H., "the building is old and dilapidated; drains are too small for present purposes; plumbing all through the building is in a wretched insanitary condition; rainwater leaders are not connected with drain, and are broken; water runs into the basement; ventilation all through is wretched; there is overcrowding and insufficient room to properly carry on the necessary work. There is no proper provision for nurses and help, and no protection in case of fire."

The hospital is located in the old Bickford residence, and the M.O.H. understands it was erected a century ago. In it 45 to 55 patients are housed and treated, exclusive of a staff of 13.

The report describes conditions on each floor, and is replete with such expressions as "plumbing defective," "walls broken" and "indications of water entering the quarters."

Toilet facilities in one section are described as "in a disgusting insanitary condition, and the floor is saturated with filth." In the men's quarters there are no dining-room tables, only boards hooked to the wall, which are elevated to serve as tables. The eating quarters are cramped.

In the women's quarters the doctor states that the ceiling is in bad condition, the plaster broken and the roof leaking.

There are, he reports, thirteen beds in the room, and often 20 to 22 inmates have to be accommodated with couches and mattresses placed on the floor. Bad air from the basement rises into the hall and rooms through the registers.

Dr. Hastings has sent a copy of the report to Property Commissioner Chisholm, informing the Commissioner that in his opinion the building is unsuited for a reception hospital, and new quarters should be provided at the earliest possible date.

Mayor Church has always contended that the Provincial Government and not the city, is responsible for the maintenance of a reception hospital. At the time the Succession Duties Act was passed, he states, it was understood that revenue from this source was to provide for the accommodation of the sick and feeble-minded.

Isn't it high time that the City of Toronto and the Provincial Government "got together" on this? Something must be done at once.

SALVATION ARMY HOSPITAL PLANS

Plans of the Salvation Army for the purchase of a suitable building and site for a general hospital in the west end of Windsor received fresh impetus on November 26th, by the announcement that members of the Rotary Club would on December 9 start a week's campaign to raise $75,000 for the army. The club men are confident the money will be forthcoming in less than the stipulated time. At present there is but one general hospital in Windsor, the Hotel Dieu, and the suggestion for a second institution is received generally with favor.

FUND FOR THE MOUNTAIN SANITARIUM, HAMILTON

Announcement was made on November 26 that the collections received at the doors of the various churches the Sunday before in the interests of the Mountain Sanitarium amounted to $2,200. This collection was under the auspices of the officers and members of St. Elizabeth Chapter, I.O.D.E. The returns were not complete, as a number of the large churches were holding special services that week, necessitating a postponement for a Sunday or two in their cases.

War Hospitals

CARE OF THE INSANE SOLDIER

By an Order in Council just passed on recommendation of the Minister of Soldiers' Civil Re-Establishment, the regulations governing care of members of the C.E.F. who have become insane during or as a result of military service, are materially altered.

Of fundamental importance is the provision that the allowances paid to the Hospitals for the Insane where they are being treated, and to their dependents will be paid by the Invalided Soldiers' Commission instead of by the Board of Pension Commissioners. The significance of this change is recognition of the possibility of cure, and the step undoubtedly forecasts the adoption of further measures to assist in effecting cures whenever possible. At the present time one hospital is maintained by the Department of Soldiers' Civil Re-Establishment for curative purposes, and it is achieving excellent results. The Army Medical Corps has also a branch working to the same ends with cases not discharged. Elaboration of the methods already at work are to be expected.

Under the new Order in Council the former members of the forces who are insane are divided into three classes as follows:—

(*a*) Retired or discharged owing to insanity entirely caused by service.

(*b*) Retired or discharged owing to insanity only partially caused by service.

(*c*) Retired or discharged owing to insanity not in any way caused by service.

All three classes are to be maintained by the Department of Soldiers' Civil Re-Establishment. The dependents of Class A men are to be paid a sum equal to the amount of pension which would be payable to them if the man had died on active service.

Only such dependents of Class B men as prove actual need dependency will be paid the amount of pension which would be payable to them if the men had died on active service. No allowance will be paid to dependents of Class C men.

Upon the recovery of Class A men they will be paid a sum not exceeding $100 a year for the period spent under the care of the Department. If the insanity of a Class B man is certified by a board of medical officers of the Department of Soldiers' Civil Re-Establishment as being more than 80 per cent. caused by service he may, in the discretion of the Department, be paid upon recovery either in one sum or spread over a period an amount not exceeding $25 a year for each full 5 per cent. of his certified disability over 80 per cent. for the period he has been under the care of the Department.

Under the new Order in Council the Board of Pension Commissioners does not come in contact with the man until he is allowed to pass under his own control, when the question of pension or gratuity, if any, will be determined by that Board.

The Department is also authorized to make arrangements for the care of insane persons who have served in the naval or military forces of the Allies, rendering accounts for the cost of such maintenance. Provision is also made whereby the Department may advance to the superintendents of the hospitals where insane men are being cared for an allowance for tobacco or other comforts. This advance will be charged against any amount payable to the man upon recovery, but in the event of non-recovery it will be written off.

A clause giving the Department authority to operate such Hospitals for the Insane as may be deemed necessary, is the one which forecasts developments in the way of facilitating cures.

Owing to the prevalence of shell shock, a purely temporary condition, an exaggerated idea has got abroad in the community of the number of soldiers who have gone insane on service. It is hoped in the near future to publish an authoritative statement which will be much more encouraging than most people, who have not been studying the situation, at present believe.

BLINDED SOLDIERS WILL HAVE NEW CLUB

That Toronto is making rapid strides to care for her blind citizens and returned blind soldiers, is evidenced in the fact that during the past two years, not only the Canadian National Institute and Library as well as an industrial school for men have been established, but the Queen City will shortly have the distinction of having the only blind soldiers' club in Canada.

This new club is to be known as Pearson's Hall. It is named after Sir Arthur Pearson, founder of St. Dunstan's, in England, whose name is revered among not only the sightless but the sighted population of the Empire.

Under the supervision of Mr. L. M. Wood, a desirable residence was secured at 186 Beverley Street. This was rapidly fitted up by the Canadian Women's Association for the Welfare of the Blind, who took the responsibility of all the furnishings.

According to Mr. C. W. Holmes, Director of the Institute, it will be a residential club where blinded soldiers or others who have no homes in the city will find a welcome retreat, and will be able to secure both board and lodging, and enjoy the fine social atmosphere of the club. Mr. C. R. Dickson, M.D., general secretary, will be in residence and have complete charge of Pearson's Hall.

"Judging from the number of applications received, we will have fully twelve or more residents to start out with," said Mr. Holmes. "We have five men attending the Department of Soldiers' Civil Re-establishment and three at Hart House. Practically all these men will live at the club."

Among the most interested in the club, however, were the members of the furnishing committee, Mrs. R. J. Christie, Mrs. W. Mulock, Mrs. Frank Hodgins, and Mrs. Gordon Osler, along with their President, Mrs. Lionel Clarke.

Pearson's Hall consists of seventeen rooms. There is a general reception room, recreation room, dining room and a class room, where braille and typewriting will be taught, also a kitchen on the lower floor. Upstairs the ladies have fitted

up twelve bedrooms, also a work-room where basketry will be taught.

Delightful chintz hangings, chesterfield and roomy easy chairs, and mahogany furniture contribute to the homelike atmosphere of the reception room. Similar furniture has been chosen for the recreation room. It is the hope of the committee to provide a piano and gramophone.

"We expect to have a man and his wife in charge of the domestic end of it," said Mrs. Clarke. We want to have all arrangements complete before the formal opening is held and the club ready for any men who desire to enter. It has been a real pleasure to the Women's Committee to have charge of this end of the work, and I feel credit ought to be given the Halliday firm, which has been untiring in their efforts to help us out. When Pearson's Hall is completed the next big work we have on our programme is to establish an industrial school for women. We are getting everything lined up now, as it is badly needed."

MANITOBA COLLEGE TAKEN OVER BY DEPARTMENT OF S.C.R.

The Manitoba College in Winnipeg has been leased and taken over by the Department of Soldiers' Civil Re-Establishment, to be utilized as the industrial re-training centre in the Province of Manitoba.

For two reasons the developments at the Manitoba Military Hospital at Tuxedo Park have made it desirable to remove the industrial re-training work from that centre. The growth of the hospital centre has been such as to crowd the occupational therapy and the industrial re-training work so closely together that the more serious and purposeful phase was being hampered by the short hours and changing population of the occupational therapy classes.

In the second place, the number of industrial re-training students was becoming so great that the establishment of a training school closer to the heart of the city became a matter of considerable importance.

As soon as the Manitoba College building has been adequately equipped for the Department's purposes, only the occupational therapy classes will be maintained at the Military Hospital. As can readily be realized, the atmosphere of a hospital is not conducive to the rapid development of that spirit of independent civilian status, which the vocational instructors seek to impart to the men who are fitting themselves for active participation in industry.

The new building will be installed with complete equipment necessary to give the preliminary training in a variety of trades and in draughtsmanship, mathematics and such general educational subjects as it is necessary to teach, in order to give the men a thorough grasp of the work for which they are being trained. The alterations and installation of equipment are already under way.

SOLDIERS IN SANATORIA

The soldier presents to the sanatorium physician a problem entirely different from that of the civilian patient, writes the medical superintendent of one of the sanatoria conducted by the Department of Soldiers' Civil Re-Establishment.

It is, of course, always with somewhat of a wrench, says the writer, that the man takes himself away from his everyday active life and buckles down for six months or a year to sanatorium routine. In the case of the soldier this change is certainly not made easier by his experience in the army, which seems completely to unsettle him for the life he is required to live while under treatment for tuberculosis. The difference in attitude in this respect between the average soldier and the average civilian has seemed to me quite remarkable, and hardly to be accounted for altogether by the unsettling effect of military life.

There is another factor that perhaps operates to make the soldier take less kindly to what is being offered him than his civilian brother, namely, that very common human weakness which causes a man to fail to appreciate anything obtained easily as much as something which costs an effort. The man

who, in order to get back his health, has to make a sacrifice that pinches, and perhaps has to call on others for assistance, is likely to take his predicament a great deal more seriously than is the soldier who, while under treatment, has adequate provision made for himself and family both for the present, and in case of future breakdown.

I do not suggest that it should be otherwise with those who have unconditionally put themselves at their country's service, but I do think that the circumstances in which he is placed help to explain why the soldier offers a different and more difficult sanatorium problem than has been met in the past.

WHITBY TO HAVE 1000 BEDS

It is announced that the Militia Department through the Ontario Government and the Invalided Soldiers' Commission has secured another group of buildings at Whitby, which will give an additional accommodation of 500 beds for hospital convalescent cases. This, with the present accommodation now being used at Whitby by the military makes it a 1,000 bed hospital. Difficulty was encountered in getting further buildings at Whitby, owing to the fact that the Ontario Government had an agreement with the defunct Military Hospital Commission now operated by the I.S.C., in which the I.S.C. leased the buildings from the Ontario Government. The matter has been adjusted and the Militia Department has signed an agreement for the occupation of the buildings till June 1, and will pay rental to the I.S.C. Since the Base Hospital investigation the Militia Department, in conjunction with the Director of Medical Services, has been straining every point to secure further hospital accommodation for Toronto district to relieve the congestion, while the St. Andrew's College and Christie Street Hospitals are being completed. Major-General Guy Carleton Jones, Officer in Charge of Hospitalization, was recently in Toronto and visited military headquarters.

Items

The Board of the Women's College Hospital met on November 13th, at the hospital, Mrs. A. O. Rutherford, the president, in the chair. Dr. Risk, representing the Board of Health, was present to thank the Hospital Board for the timely assistance rendered in the recent epidemic, when the new wing of the hospital was handed over to the city for the accommodation of influenza patients.

The following nursing sisters left Kingston for overseas service on December 3rd:—Mae Armitt, Carleton Place; Ethel Bradley, Lansdowne; Mary A. Boyce, Pembroke; Helen S. Duff, Kingston; Lilla S. Dubrow, Renfrew; Anna E. R. Dickson, Winnipeg; Annie L. Gibson, Kingston; Lillian M. Gill, Simcoe; Louise M. Usher, Ottawa; Blanche M. Wesley, Maberly.

At the meeting of the County Council of Elgin County on November 22nd, it was proposed that the County Council cooperate with the city of St. Thomas and build a hospital as a memorial to the fallen heroes of Elgin County and St. Thomas. It was also suggested by K. W. Makay that the building should be constructed with wards for every township and furnished as well as the land could afford. A meeting will be held in the near future to give the subject further consideration.

The regular annual meeting of the Alumne Association of the Toronto Orthopedic Hospital Training School for Nurses was held in the library of the hospital the week of November 25th. The following officers were appointed for the year 1918-1919:—Hon president, Miss E. MacLean; president, Mrs. A. W. McClennan; vice-president, Mrs. W. E. Ogden; secretary-treasurer, Mrs. W. J. Smither; press representative, Mrs. W. J. Smither; representatives to Central Registry, Mrs. A. W. McClennan and Mrs. W. J. Smither.

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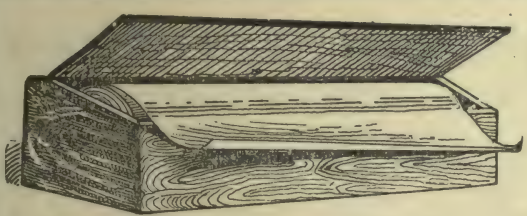
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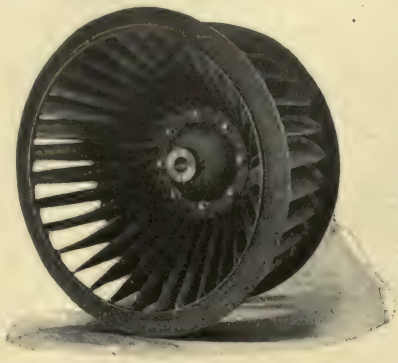
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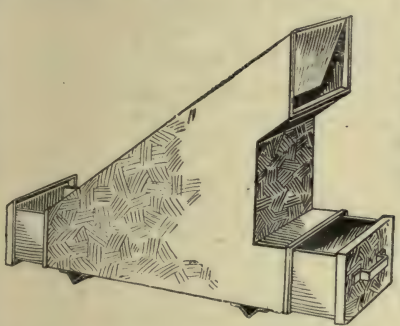
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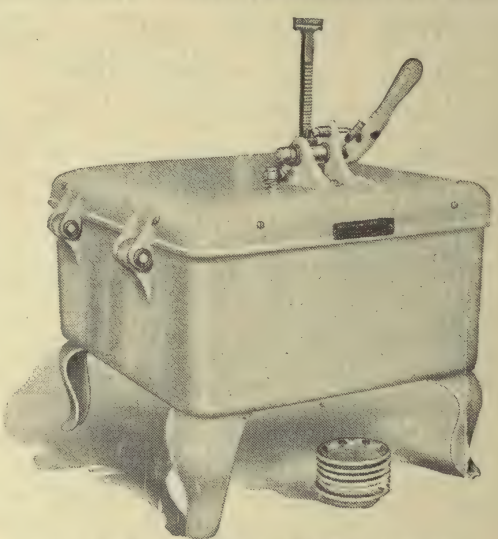
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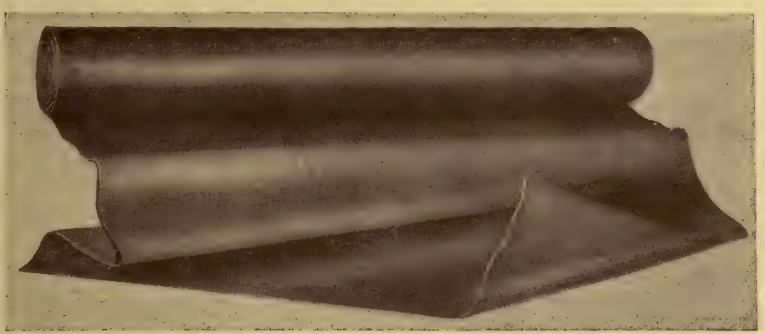
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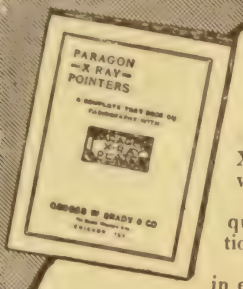
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THE HOSPITAL WORLD

Vol. XV Toronto, February, 1919 No. 2

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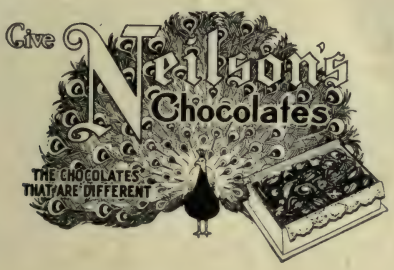


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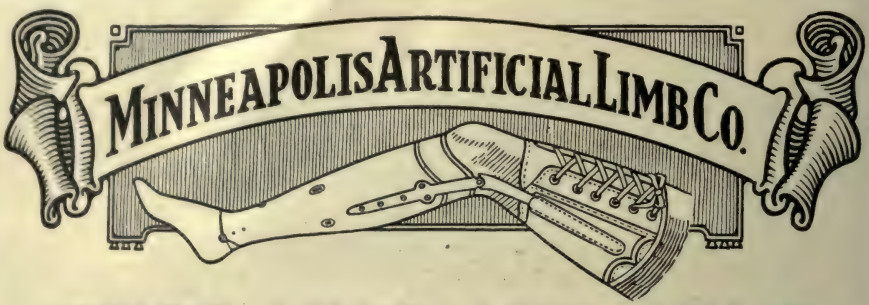
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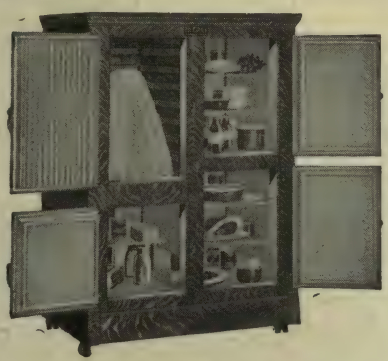
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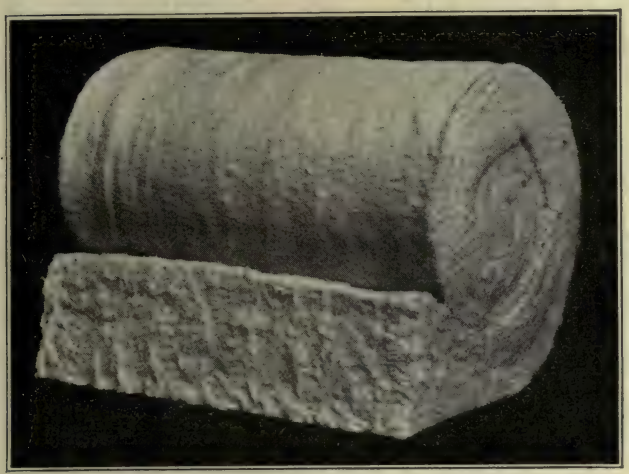
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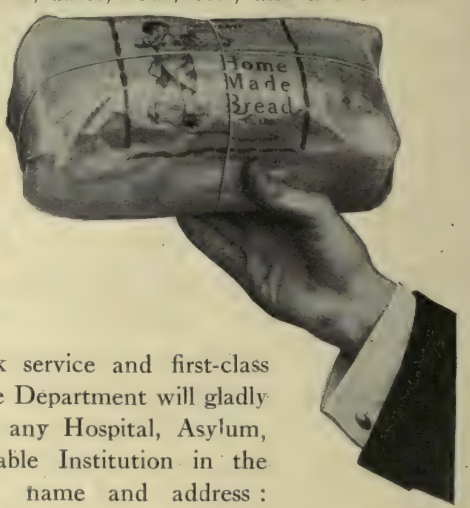
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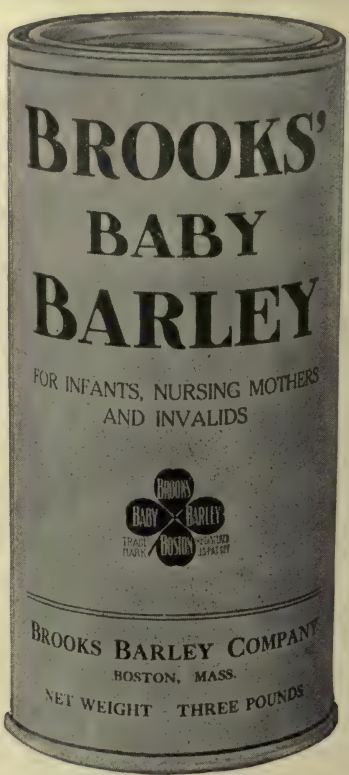
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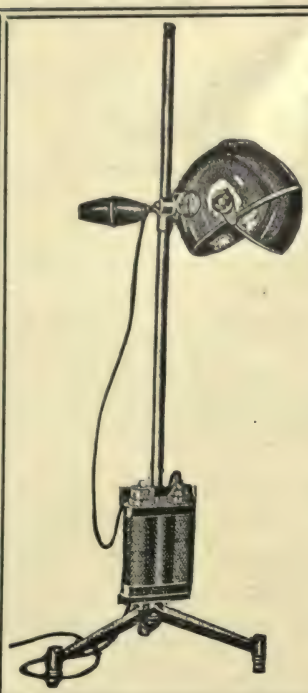
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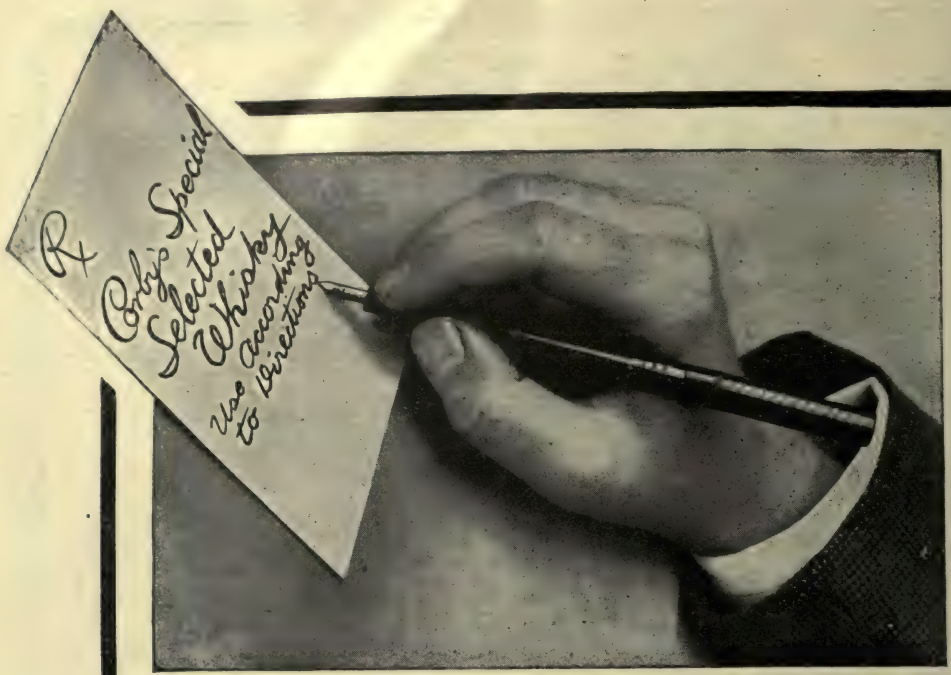
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The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums, and Public Charitable Institutions throughout the British Empire.

Vol. XV. TORONTO, FEBRUARY, 1919 No. 2

Editorial

ANESTHESIA AT THE FRONT

W. B. HOWELL, M.D., Major C.A.M.C., of Montreal, contributes to the October number of the *American Journal of Surgery* an article on this subject. A Canadian lady wishing to assist in the purchase of anesthetic equipment, and being told that twenty-five dollars to purchase a gas-oxygen apparatus would be acceptable, said she wished to do something more than this, and forwarded a cheque for one million dollars. An Ohio Monovalve was purchased and was admired much by our English confreres—the English apparatus being rather primitive and not able to supply a steady flow of gas at uniform pressure. This apparatus was used a great deal, being especially useful on patients in a bad condition, many of whom were suffering from gas gangrene or other form of severe sepsis. It was also very useful in the wards for use when painful dressings had to be done —especially cases of compound fracture of the femur

and gunshot wounds of the knee. The carriage to tote the apparatus could not be used on account of the rough ground—a wheelbarrow would have answered better.

Major Howell says his experience with ether made him consider it distinctly less useful than in civil practice. He found English ether weaker than American; fortunately his unit had taken over a good supply of Squibbs', and found it very satisfactory. He says soldiers, as a rule, take a lot of anesthetic. With open ether, especially in the hands of an inexperienced anesthetist, the patient's language was liable to be extremely unpleasant to hear in the presence of nursing sisters. Closed methods were found to be much more satisfactory when properly used, especially when commenced with nitrous oxide gas. The use of ethyl chloride anterior to ether, using Loosely's inhaler, when attached to Hewitt's wide-bore inhaler, was found very satisfactory.

The Major used intratracheal ether frequently and found it very satisfactory. When short of assistants he would sometimes put the patient under ether, introduce the tube, and leave the patient while he went on with another case.

With chloroform the essayist had a fairly large experience, and found it on the whole the most satisfactory of all anesthetics. He first used a Vernon Harcourt inhaler (cost $25.00); but the saving of anesthetic is wonderful. He had frequently anesthetized patients for short operations with less than two drachms of chloroform; but it takes eight to ten

minutes to get the patient under. Recovery was quick, and few patients complained of any unpleasant symptoms. Vomiting was extremely rare.

Major Howell says there are in the Canadian Army Medical Corps in England and France not more than four or five specialists in anesthesia. The anesthetic is most frequently given by the most recently joined officer, "with results to the patient which it is not necessary in this company to specify."

Continuing, Major Howell says that the more he sees of the real soldier the more he is convinced that nothing is too good for him. To increase his comfort and safety he would like to see private enterprise supply modern gas apparatus to all Canadian hospitals. A specialist in anesthesia might be detailed to go from hospital to hospital to teach the proper method of using gas and oxygen and to make suggestions regarding the organization of a proper anesthetic service in each hospital. If the younger medical officers were kept on anesthetic duty for three months continuously, and their work properly supervised, there would not be so many of the wounded dreading the anesthetic more than the operation!

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PRIVATE AND AFFILIATED HOSPITAL ORGANIZATION

LOUIS RASSIEUR, M.D., CAPTAIN, M.R.C., U.S. ARMY.

Private and affiliated hospital organization may well be divided into two headings: 1. The Business Organization. 2. The Medical Organization.

The business end as a rule follows a well arranged plan which in most instances has been successful in the past and will, with slight changes from time to time, continue so in the future. As far as I could learn, doctors have been but little consulted in matters that shape the business policy of an institution. With what has been said we may dismiss this subject and turn to the consideration of the medical organization. This may well be taken up in detail, as it alone is of interest to us. It may be divided as follows: 1. The organization of the staff. 2. The organization of the nurses. 3. The organization of the internes. 4. The organization of laboratories.

1. The staff usually, and justly so, consists of members of the faculty of some medical school. Every member should early realize that his hospital connection is an asset to him and that it is his duty to become an asset to the hospital. The latter will only be true when he has learned to pass at least the entire morning of each day at the hospital in medical pursuits that are profitable to both the hospital and to the patients.

The work of the staff should be so arranged that they may give each day bedside instruction in diagnosis and treatment to one or two advanced medical students at a time.

All new patients, on the day of their arrival—charity as well as private patients—should be thoroughly examined and a complete history written by the staff member and his interne.

When the patient leaves the hospital the history with the bedside notes and laboratory findings should be carefully filed away alphabetically after having been cross indexed as to diagnosis, operative procedure, and whatever may be of special interest. The indexing and filing of histories can be attended to by a sister. It would be well that each member of the staff, in addition to his specialty, have a hobby, namely that he prepare himself to become an expert in some branch of laboratory work. It would be advantageous in the selection of a staff that this be kept in mind so that the staff as a whole would be quite competent to take over the direction of a complete laboratory, if the need be.

2. Organization of the Nurses. This is secured by the establishment of a training school for nurses. The teaching staff, at the start, should be selected from the senior members of the hospital staff, so as from the very beginning to impress the nurses with the importance of their work. All lectures should be on schedule time. Where the training has to do with the Catholic sisters it would be well to have one sister specialize in each branch of the training and conduct the recitations in the respective branches. As the recitation sister progresses the time will come when she will conduct the lectures and the medical staff member will serve in an advisory way only. This plan has much good in it; for the sister conducting the recitation knows when the students have leisure time and may utilize this time in intensive training. Where this plan has been followed the students made their best grades in the nurses' state board examination in those branches thus conducted.

3. The Organization of the Internes. This is assured by a sincere medical staff and a good nursing organization. The interne is at that stage of his medical career where he is entirely dependent upon his environments. He acts by example only. He seeks an interneship for instruction only. Unless trained with this end in view he is of little value and may do much harm. Whenever possible the interne should be selected from the affiliated medical school.

4. The Organization of the Laboratories. The laboratory

is the essential feature of a hospital. It differentiates a hospital from a hotel or rooming house. It is the one justifiable reason for taking a patient away from his home and family. Without it, the perspective of the medical staff is confined to the physical examination alone; the nurse's work is limited to the duties of a sympathetic, obedient, housemaid; the interne forgets his scientific medical training for want of practical application. It is the key to progress of the entire medical organization. If the laboratory is highly developed it means that the patients are being observed from every angle that science dictates. It is gratifying to see the staff, the internes, the doctors who send their patients to an institution well equipped in this respect—work. The patients are not only observed from every view, but the textbooks and the medical journals are constantly watched for some new procedure which will make the diagnosis of some obscure condition more positive. Not only the diagnosis and practise of internal medicine, but surgery and all its branches becomes a more accurate art.

The organization of the laboratory is easy if the medical staff has been selected with this end in view. A school for the training of sisters in laboratory work should be organized. Instruction and training should be given in the following branches :

1. Urinalysis, analysis of feces, stomach contents and fluid exudates.
2. Organic and inorganic chemistry. The newer chemical analysis of the blood and urine.
3. Physical, microscopical and serological examination of the blood, including the Wassermann reaction.
4. Histological examination of tissues and the preserving of gross specimens.
5. Bacteriology.
6. X-ray photography, lantern slide and general photography.
7. Pharmacy, in all its branches.
8. Indexing and cross indexing of case histories. Follow up system.

9. Dietetics. During the past two years we have sent several sisters to attend the summer courses on dietetics given by the Wisconsin State University.

One sister should specialize in each branch, but all sisters should listen to all the lectures and, whenever possible, take



Interior Recreation Hall, Invalided Soldiers' Commission Sanatorium.

part in the practical work. All instruction should be given in the laboratory. Each branch should be taught daily one hour each. During the hours of instruction the current respective laboratory work arising in the hospital should be attended to so that the sisters early see the importance of the work. This

also insures the doing of the laboratory work with the starting of the training school. The sisters assigned to this work shall devote their entire time to the exclusion of all other, excepting only their religious duties. There should be a library of books and journals pertaining to the above subjects. The students should be instructed in the use of the same.



Combination Vocational and Recreational Building at Queen Alexandra Sanatorium, near London, Ont. A similar building is to be erected at Laurentian Sanatorium, Ste. Agathe, Que.

The laboratory equipment should be of the best and latest design.

The efficacy of the laboratory for arousing interest in the various departments of the hospital for scientific betterment may be well illustrated by the following.

1. The testing out, from time to time, of the methods of sterilization at the disposal of the operating room force proves highly interesting and instructive to the surgical nurses when

the experiments are carried out with the assistance of the laboratory department.

2. The sterilization and tubing of catgut by the surgical nurses. Testing out its durability in animals, namely 10 and 20 day gut, is indeed interesting and arouses a keen desire to do aseptic surgical work. The preparation of this catgut is also a money saver for an institution.

3. It is well to let the kitchen force listen and look in on the laboratory work, for it makes them more observing of the food which they handle in the raw state. It is not an uncommon incident for the head sister in the kitchen to request a histological examination of a piece of meat. Thus they become acquainted with the gross appearance of tuberculosis of poultry, ecchinococcus cysts of rabbits and microscopial corroboration of the same. Among the findings are renal stones in calves.

4. Our guinea pigs, rabbits and mice become sick. The study of these conditions always proves a source of great interest, as, for example, tumors in mice, puerperal septic pneumonia in guinea pigs. One guinea pig after having been aspirated monthly from the heart for one year, died of anuria, which was proved to be due to ureter stones lodged simultaneously in each ureter just where they enter the bladder.

Careful indexed and cross indexed records should be kept of all work done in the various laboratory departments.

To sum up I wish to lay special stress on the following:

1. While we may not assist in a business way, there is very much left for us to do on the medical side.

2. Every member of the staff in addition to his specialty should be well informed in some branch of laboratory work.

3. The sister is a nurse for life. If well trained, she becomes an efficient factor in the management of a hospital.

4. The interne is in an institution for instruction only, a debt an organization owes to the sick of the coming generation.

5. The laboratory is the keystone to the hospital situation. 1. In aiding the staff to do their best. 2. In inviting the whole attention of the nurses by doing away with scepticism. 3. In building a scientific groundwork for the interne. 4. In giving the outside doctor who sends a patient to the hospital all the

advantage of modern medicine. 5. In developing teamwork of all departments.

In conclusion I wish to say that in handling this subject I did not consult the literature, but have tried to describe the conditions we met at St. Mary's Infirmary, and how we reacted to them.

MILITARY HOSPITAL SOCIAL SERVICE

Any scheme for the rehabilitation of disabled soldiers, falls quite naturally into three divisions, viz., treatment, training and placement. The disabled man is cared for in hospitals and given the best medical and surgical treatment possible; then if unable through remaining disability to resume his former occupation, he is re-trained for another occupation; and finally, employment is found for him.

For a long time this seemed to complete the work of restoration but gradually those who are engaged in this work have begun to realize that their duty and responsibility towards the disabled does not end when they have found the man a job. On the contrary, at no time in the whole process does a man need the advice and support of a friend and counsellor more than when, released for the first time from supervision, he finds himself in a new occupation in the midst of the rush and indifference of a competitive world. This period of industrial adjustment is indeed a critical one for the newly trained man. He needs constant personal encouragement to help him to meet and overcome the obstacles, which invariably arise in every line of work, but which seem doubly formidable to the disabled man, still conscious of his handicap, who has not yet acquired that confidence in himself and his newly-trained powers, which is so necessary for success. He is apt to find working conditions uncongenial, employers unsympathetic, foremen lacking in patience and consideration. Periods of discouragement are bound to come, and without wise counsel and personal friendly service he is apt to throw up his job and seek something easier, gradually sinking to a lower eco-

nomic level, and thereby losing all the advantages of the training given him.

In order that the value of re-training may not be lost, there is necessary then an efficient follow-up system. To find a place for the handicapped is not enough; he must be followed up; his progress watched, he must be encouraged and sustained throughout that first period of adjustment. This does not mean that he is to be coddled; quite the opposite is intended. Too much sympathy and too much support at such a time would do him the greatest injury. But he must be made to help himself and encouraged to believe in himself.



Main Pavilion at Tranquille Military Sanitarium, near Kamloops, B.C.

To this end the Invalided Soldiers Commission has recently organized such a system, and follow-up forms have been sent out to District Vocational Officers to be filled in for each re-training case completed and for whom employment has been found. Of these forms the first must be filled in and sent to the head office in Ottawa a week after the man has finished his course; it indicates the course taken, where he has obtained employment, salary, etc., and any remarks. The second form is sent to Ottawa one month later and monthly thereafter till the man is definitely settled in a position. This form indi-

cates his progress and success and any change in employment which may occur, with the reason for the change. To secure the information for those forms, it is necessary that the man be visited at his work, and the realization that the Invalided Soldiers' Commission is still interested in his welfare gives the average man an added incentive to make good. At the same



Laurentide Inn.
(Convalescent soldier doing fancy work.)

time it is possible to urge upon the employers the necessity for sympathy and consideration in the early stages of employment of these men. Many of them are restless and at first find it hard to settle down to work. However, they gradually become accustomed to the new surroundings and the new work, and with the kindly work of encouragement, day by day they gain

confidence in themselves and with that comes increased efficiency.

Other endeavors are made to keep in touch with the men through the district office of the Pensions Board, through Veterans' Clubs and the Provincial Aid Commissions.

A phase of follow-up work, which precedes this, is that which prevails in some centres where the men receive their retraining partly in factories. Here the Invalided Soldiers' Commission has Factory Inspectors, who visit the factories weekly and report on the progress being made, adjust any difficulties or differences arising, talk with the foreman, talk with the disabled man himself, until the re-education is finally completed.

Besides the follow-up system which reaches out to the factory and other places of employment, there is that which reaches out to the home. For years hospital social service has been recognized as an important factor in the treatment of the sick. In 1905 the Massachusetts General Hospital in Boston established a Social Service Department to assist in the work of the Out-Patient Department. Social workers were sent to visit the homes of the patients, to make personal and intimate studies of social conditions in the home. Through these visits and the reports made by the visitor, the doctor was enabled to arrive at a better understanding of the case in hand. Again, the visits of the social worker to the home enabled the patient to carry out the doctor's directions and prescriptions in a more intelligent manner. Since that time the work of that department has increased to such an extent as to leave no doubt in the minds of those concerned as to the value and importance of social service in hospitals. Numerous other hospitals have now established similar departments.

In the work with disabled soldiers it has been urged that there is a place for the social worker. A man may be discharged from the hospital, given certain directions to follow, and even allowed to go to work. Too often home conditions are not ideal. Through ignorance, perhaps, he does not get the care he should have; he over-exerts himself on behalf of his family, and finally he suffers a recurrence of his disability; he has to give up his work and may even require further

medical treatment. Or again, his family may not have the sympathy and understanding necessary; their attitude towards the whole soldier problem is wrong. They may urge the man to accept an immediate offer of employment, because it looks promising, rather than the offer of training which will provide for the future. These and many other problems might be attacked by the social worker in visits to the home, and undoubtedly they require attention. But this is not the work for the volunteer or the amateur. It requires wisdom and experience and clear common sense and even those who have spent years in preparation for this kind of social work, find themselves limited at times. Unless the proper person can be found for this work more harm than good will be done.

The position taken by the Invalided Soldiers' Commission in regard to this phase of the work is that social workers should be used only in extreme cases. It is considered that the men should learn to depend upon themselves at the earliest possible moment, and therefore sending visitors to the homes is deliberately avoided except in cases where men are not making the progress expected, and after every other attempt to discover the reason for this has failed. At the present time the Commission has two social workers in Toronto and one, working part time, in Montreal. In addition to visiting the homes in extreme cases at the suggestion of the Vocational Officer, these workers are available for advice and assistance and visits when the request for this comes from the home. In centres other than those mentioned the Vocational Officer does any work of this kind that is required.

TAX-FREE ALCOHOL FOR HOSPITALS

As a result of a conference, on December 18th, between a committee of the Advisory Council for Scientific and Industrial Research and the Reconstruction and Development Committee of the Cabinet, it is probable that legislation will be passed at the coming session of Parliament removing the present excise duty and the restrictions now limiting the production and distribution in Canada of alcohol for industrial purposes.

The Cabinet Committee endorsed the recommendations of the Research Council for tax-free alcohol for scientific, hospital or industrial purposes.

This decision follows the lead of Great Britain, the United States and other countries, where the importance of increasing the use of denatured alcohol for a large variety of industrial purposes has been recognized for some years past. In the United States, for instance, the production of denatured alcohol has increased many fold since 1907, following the removal of the Government restrictions on its manufacture and use. In Canada the annual consumption for industrial purposes under present high prices and restrictions is about 1,000,000 gallons, and the cost is more than $1 per gallon, as compared with about 50 cents per gallon in the United States. It is believed that by utilizing waste of the sulphite liquors of Canadian pulp mills, from sawdust, etc., alcohol for industrial purposes can be manufactured for less than 40 cents per gallon.

At present, in addition to the excise tax, its production is discouraged by the fact that all alcohol has to be sent to Ottawa to be denatured before it is allowed to be sold for industrial purposes, thus increasing costs by double transportation charges, which in the case of British Columbia, for instance, add a very considerable percentage to the cost to consumers.

Government safeguards against diversion to beverage purposes can be secured, it is believed, through licensing provisions from all firms selling or purchasing alcohol for scientific or industrial purposes, with local officers obliged to give full accounting for the manner of consumption. The legislation and procedure which has produced satisfactory results in the United States will be followed in Canada.

Some of the advantages of removing present restrictions on this raw material of industry were pointed out by the Research Council to the Reconstruction and Development Committee. It will give a new field of operations to distilleries, which have hitherto been used for producing liquor for beverage purposes. It will tend to replace the production of alcohol from edible grains by production from present waste products. It will insure home production sufficient to meet all home needs. It will provide for the rapidly-growing demand for denatured alcohol and its combinations, such as methylated spirits, benzine, etc., for heating, lighting and cleaning purposes, for use in the manufacture of the varnishes, ethers and fulminates, and as a substitute for gasoline for internal combustion engines. It will also assist materially in the development of chemical industries in Canada.

The committee of the Research Council, which included Professor R. F. Ruttan, of McGill University, Dr. A. B. Macallum, Administrative Chairman, and Dr. J. S. Bates, of the Forest Products Laboratory, Montreal, explained to the Cabinet Committee that it was quite feasible to denature alcohol so as to make it non-potable, while at the same time not detracting in any way from its use for industrial purposes. Thus any danger to the cause of temperance, through the removal of present restrictions, would be obviated.

NON MINISTRARI SED MINISTRARE

A Chaplain's Prayer for Nurses and Physicians.

Soon after the beginning of the European War, before the United States had entered it, a young Presbyterian preacher in charge of a small church in the south-west got a leave of absence and went to France, as a helper on board a ship carrying horses and mules, and joined the ambulance corps. Later, feeling there was a need for able-bodied fighters, he went to London and entered an artillery school. Upon his graduation

from the school he received a commission as second lieutenant and was transferred to the Royal Field Artillery, and since the first of the year he has seen some strenuous fighting on the western front, with the trench-mortar service; very recently, he was promoted to a captaincy.

The young man referred to is Captain Eliot Porter, son of Justice Silas Porter, of the Supreme Court of Kansas, and of Mrs. Silas Porter. He also is a nephew of Dr. and Mrs. George F. Butler.

Doctor Butler has kindly given us a copy of a prayer written by Captain Porter at the urgent request of Miss Pulford, an English woman in charge of the nurses in the American Hospital at Paris. When Captain Porter was in the ambulance service, he was injured and sent to the hospital in question, where he had to stay in bed for three weeks. Miss Pulford, who was called "The Countess" by everybody, learned from the records the nature of the young man's civil occupation and urged him to preach a sermon for the nurses, but, this, under the circumstances, he declined to do. She, however, continued to urge him, reminding him that the nurses could not go to church; and, at last, he agreed to write a prayer for them.

"*Non ministrari sed ministrare*" (not to be ministered unto, but to minister) is the motto on one of the stained-glass windows of the hospital at Princeton, where young Porter once, when a student, was a patient. The parents of Captain Porter and his uncle, Doctor Butler, should be very proud of their son and nephew, the patriotic "sky-pilot," now captain in the Royal Field Artillery. Others, we are sure, will be glad to have presented the prayer as conceived by Captain Porter:

"O Lord, we make our prayer to Thee for those who serve —for nurses and physicians, those who give their labor and their skill to lessen ills of body or of mind—for those who strive, that laborers may find their work and guard their health, receive their juster wages, and live nobler lives—for those who feed Thy poor and shelter them—for those who go where ignorance is dark, and spread the light of knowledge—those who seek to bring Thy Kingdom into the hearts and lives of men, Thy help, and Thy forgiveness, and Thy peace. For these,

O Thou Thyself, Most Merciful, for these and for all who minister we pray.

"Give them encouragement, for those they serve too often want, or seem to want, in gratitude. Their work grows heavy, fails or seems to fail. Their ideals dim, their hopes are thwarted. Help Thou them! Renew their faith in Thee and in Thy children whom they labor for. Give them to see the good they do; help them to know the meaning that they bear, these souls who, like their Master, come to serve. Remember Thou His promise to the merciful. May their lives be truly blessed; may the world give back to them the mercy which they shed. Wherever tired shoulders strive to bear another's burden, be Thou there to aid; for none can bear another's burden, being man. Work Thou through them: then, their labor shall not be in vain.

"Thou art a God who lovest mercy and we pray through Him who bore the greatest burden. Thou wilt hear. Give Thou our prayer true faith and fervor: it shall have availed."

"SPONGING" ON HOSPITALS

How to Deal With "Hospital Birds."

While the average person knows that there is a certain amount of abuse of hospitals by persons able to pay for treatment outside—a greatly exaggerated condition of things by the way—it is not so generally known that there is a class of persons who impose on hospitals, not so much by way of obtaining the services of the institutions for their ailments, but by way of actually living a great part of their lives free in hospitals in place of boarding-houses. On this subject an interesting article recently appeared in *The Journal of the Department of Health,* of New Zealand, which indicates that the Dominion also suffers from this pestiferous class, who, to hospital managers in Sydney, are known as "Hospital Birds." The article has the following:

It was brought to the notice of the Minister of Public Health recently, on the occasion of a visit to a public hospital in the South Island, that the institution had lately been troubled with a number of individuals who were undoubtedly seeking free board and lodging under the guise that they were suffering from some malady requiring treatment.

"The medical superintendent stated that these individuals had resorted to all sorts of means to prolong their stay in the hospital. In one case a would-be patient persisted in putting her hand beneath a bandage around her waist, and scratching a sore for the express purpose of preventing the abrasion from healing. For a little time the doctor wondered why the patient was not getting better. A watch was set, and the woman was caught in the act. The medical superintendent was satisfied that apart from this little trouble there was nothing the matter with the woman. In another case the individual was found to be giving false temperatures by deliberately causing irritation. The hospital in question in both these instances was claiming on an outside Hospital Board for the maintenance of these patients, one of whom when discharged proceeded to another district, entered the public hospital there, and deliberately practised the same trick."

There is no doubt that "spongers" on public hospitals are present, too, in Sydney, and a constant look-out for them has to be kept by the medical staff. There are a great number of these cases, the diagnosis of whom is "Hospital Birds," or, in medical terms, *avis hospitals*. These are well-known to the hall porters at the hospitals, but unfortunately the hospital often finds itself imposed on owing to the frequent changes in the resident staff, the "hospital bird" being often unknown to a new member of the medical staff. These patients are well-educated in the symptoms which they should present, and it is a tremendously difficult thing to find out whether the disease which they are assuming is a real one or not. This deficiency on the part of the medical staff, and consequent unavoidable delay, may provide them with free board and lodging for a week or two, and the process can be repeated in many different hospitals until finally the cycle is exhausted and the patient begins on the same round again.

In the case of the Royal Prince Alfred Hospital it may be stated that here this is to some extent prevented by the fact that certain patients, known to be in the habit of imposing on the institution, are posted on a special list, and these patients cannot be admitted without reference direct to the medical superintendent, to whom they are well known. By this means a certain number of these *aves hospitales* are excluded. It would, however, be a very desirable thing if such lists could be exchanged between the various hospitals, in order that there should be co-operation in debarring these people from admission.

Many of these patients are quite easy to detect, particularly if they are known to belong to the class of "hospital bird." Their general manner at once puts a medical man experienced in their ways on their track. Then, also, many are too elaborate in the description of their symptoms, which do not fit in with any disease which could suggest itself to the doctor. The making of false temperatures is easily detected once it is suspected. It is, however, very necessary that in every case there should be absolutely no doubt in the decision of the medical officer, and hence an unavoidable delay often occurs on which the impostor relies for securing his board and lodging.

A short time ago there was admitted to the hospital a woman who complained of bruises, which came, apparently without cause, on various parts of her body. These had been carefully examined by various doctors and she was recommended for admission to the hospital. In some diseases this condition does occur, and it was, therefore, impossible to diagnose the woman without admitting her for observation. It was found on close observation, however, that the bruises were only on those parts of her body which she could reach with her mouth, and that they had in this way been purposely caused. It was discovered, on looking up particulars about this woman, that she had several times been admitted to hospital suffering from needles which had been "accidentally" run into different parts of her body. She is now on the black list.

Then, too, there is the patient who insists on becoming

very drunk, to the extent of unconsciousness, at regular intervals, and who must be admitted to hospital. In spite of the fact that he is well known to the doctors and to the hall porters, it is impossible to refuse him admittance, as he often has some scalp wound or abrasions where he has fallen down, and there may be danger in his unconsciousness that he is suffering from cerebral concussion or fractured skull. This man, too, may have some slight bronchitis, or such mild complaint, and unless he is well known to the physician or surgeon under whom he is admitted, he may secure a week's board and lodging free.

Patients of this kind are regular habitues of the hospital, and, as can be seen, it is a very difficult matter to exclude them. The provision of the New Zealand Police Offences Act quoted "that any person who imposes or endeavors to impose upon any charitable institution is liable to imprisonment with hard labor," is an excellent one, and it would be a good thing if an example were made of such a case, but with sympathetic juries, these cases would be very difficult ones to prove, and in the meantime the only thing for this hospital to do is to take the law into its own hands and to keep a sharp watch on these impostors.—*Prince Albert Hospital Gazette.*

War Hospitals

NATIONAL CASH REGISTER BUILDING WILL BE FINEST MILITARY HOSPITAL IN CANADA

THE fine new Orthopedic Hospital on Christie Street, near Dupont, is nearing completion and will be ready for occupation early in February. There is still a great amount of interior work to be done.

The building, or institution—for a great many of the returned men will look upon it as a college as well as hospital—will be one of the best of its kind in America when completed, and will be the Canadian headquarters for amputation cases. The Davisville Hospital, which is at present the headquarters, will take a second place. Each main wing of the new building is 240 by 60 feet and will accommodate 1,500 beds. The capacity of the Davisville Hospital is 450. The two main wings are four storeys, with a basement under the entire structure. The hospital is of red brick, supported by steel girders throughout. The floors for the most part are hardwood, while those in the treatment rooms, baths, wash room, etc., are of mastic. The stairs and main stair halls are of concrete.

On the fifth floor of the main building, which faces Christie Street, is a sun-room 50 feet square. This is situated in the south-east section of the wing and receives the full benefit of the morning and afternoon sun. The patients have a large roof promenade from the sun-room. On the fourth floor are the developing and X-ray rooms. There are two large lavatories in each wing, and also baths, both tub and shower, and plenty of wash sinks.

There are 250 rooms for patients. On the first floor on the south side of the rear wing is the hydro-therapy room, the massage room, the electric-therapy and the radiant heat rooms. The dining-room is in the basement and seats 600. The fine, large gymnasium, which is built just west of the south wing, is 120 feet by 60 feet. It has every modern apparatus for the

soldiers. The auditorium, which will be built on the end of the "gym." will seat 850.

In the basement there will be a carpenter shop, a leather work room, a shoe repairing room, a general arts and crafts room, a sheet metal establishment and a printing plant, all for the vocational training of the soldiers.

Besides these main wings there will be a nurses' dormitory 150 by 115 feet, an officers' hospital 110 by 40 feet, the M.O.'s residence 95 by 30 feet, the orderlies' building 130 by 60 feet, a storage building, and the boiler room, in which will be five large boilers. Three boilers are already installed, with heat on. The campus will be 750 by 570 feet.

Mr. A. E. Matthews, of the Matthews Steamship Line and Board of Trade, has presented to the Davisville Hospital a Studebaker carryall, which will be of great assistance to the patients.

The Davisville Hospital officials expect to be very busy on account of the large number of men returning.

The dozen or more buildings on Rosedale Heights, which will be used as demobilization depots, are nearing completion. The buildings which are about 260 by 50 feet, are of uniform size and are of frame. It is stated that they may be used also for hospital patients.

NEW MILITARY HOSPITAL MAY BE BUILT AT WOODBRIDGE

It was recently unofficially reported that a hospital building to cost $500,000 is to be erected for the Department of Soldiers' Civil Re-Establishment about a mile this side of Woodbridge, Ont., or about fifteen miles from Toronto.

The site, which it is proposed to purchase for $18,000, is the Plunkett Farm of 175 acres, situated where the C.P.R. bridge is located, and where the radial railway passes.

The large hospital to be built is being financed by the Ontario and Federal Governments jointly, each providing $50,000, with a condition that the Civil Soldiers' Department

surrenders occupancy at the expiration of five years. The site is considered excellently chosen for lung troubles.

It is expected that the authorities will centralize all tuberculosis cases at the new institution, and in all probability it will be decidedly a medical institution, with retraining or vocational facilities, as in military hospitals. At the expiration of five years the Dominion Government will take over the building for the use of tuberculosis and mental patients.

Although the Soldiers' Civil Re-establishment have been in existence for nearly a year, no effort has been made to supply them with suitable hospital accommodation. Except for Euclid Hall, D Unit lacks for a building of its own. At present the department, which is strictly civilian, has patients at Spadina, Central Military, Toronto General, Western and St. Michael's Hospitals. This necessitates a most complicated duplication of system and employment which would be entirely wiped out with one large hospital.

The plans for the new hospital are out and in the hands of the proper authorities.

NO 1000-BED HOSPITAL FOR ROSEDALE

The Department of Public Works has abandoned the scheme for the erection of a thousand-bed hospital in the neighborhood of St. Andrew's College, it was announced at Military Headquarters on January 2nd. Prior to the cessation of hostilities the plan for a series of hospital buildings to handle the increasing number of patients from overseas was being seriously considered. It is found now that the buildings could not be completed before the end of the year or when the demobilization will have been completed. The buildings would thus be of little use. It has been decided to take over the new structures of the Demobilization Depot, also in the same neighborhood, for hospital purposes, and if the depot requires further accommodation to provide it at a later date. At present the depot is making use of buildings at the Exhibition grounds and the armories in Hamilton.

RETURN OF LONDON HOSPITAL PROBABLE

An effort was recently made at London, Ont., to have No. 10 Western University Stationary Hospital, which is now on service in France, brought home to take charge of the new military hospital which is now under construction in Westminster Township, south of London. No. 10 Hospital is comprised almost entirely of Londoners, and its record oveseas has been a proud one. No. 10 was one of the hospitals bombed by the Germans, when a number of nurses and scores of patients were killed.

The rebuilding and re-equipment is planned of the St. John's Ambulance Brigade Hospital, destroyed recently at Etaples by the German bombardment. It was left in a state of absolute ruin, which necessitated its immediate evacuation, but the military authorities desire its re-erection in France on another site. As this will entail very heavy expenditure, the Order of the Hospital of St. John of Jerusalem has sent out a direct appeal from headquarters. Already the Victoria branch has forwarded a cheque to England and the support of various branches throughout Canada has been solicited. Newfoundland is making a special appeal; it has already supported sixty beds at the Etaples hospital from its famous "Cot Fund," which endows beds in hospitals already existing and which requires $50,000 annually for its upkeep.

Six Canadian nurses have been gazetted for the Military Medal for bravery during air raids: Nursing Sister Edith Campbell, Pointe Clare; Nursing Sister Lottie Urquhart, New Glasgow; Nursing Sister Janet M. Williamson, Greenvale; Nursing Sister Meta Hodge, Hamilton; Nursing Sister Leonora Herrington, Napanee; Nursing Sister Eleanor Jean Thomson, Valleyfield, Quebec. Nursing Sister Spaulding was recently invested by the King with the Order of the Royal Red Cross, at Buckingham Palace. Amongst a number of others, the name of Nursing Sister Caroline G. Green, of St. Thomas, has been brought to the notice of the Secretary of War for valuable services rendered.

Canadian Hospitals

NEW NURSES' HOME FOR GALT HOSPITAL

R. O. McCulloch, Vice-President and Secretary-Treasurer of the Goldie & McCulloch Company, Limited, announced on December 26th, on behalf of his sister, Mrs. Jessie Shearson, of Toronto, and himself, that they were prepared to build a new nurses' cottage and present it to the Galt Hospital Board as a memorial of their father, the late Hugh McCulloch. The building will be known as the Hugh McCulloch Nurses' Home, and it is understood will cost in the neighborhood of $30,000. The site on which the hospital stands was a gift from the Goldie & McCulloch Company, Limited, in 1888.

HOSPITAL FOR INCURABLES

A tea and concert was given on December 10th by a number of friends of the staff and patients at the Hospital for Incurables, 30 Dunn Ave., Toronto. The dining-room and hall were prettily decorated with flags and flowers, and about 300 enjoyed the good things provided for them by the ladies who had so generously donated them. Archdeacon Ingles presided, and those contributing to the excellent concert, which was much enjoyed, were Mrs. Melvin, Mrs. Reaston, the Misses Wade, Barnes, Hutchison, Fidler; Messrs. Swift and Reef, and the members of the Hawaiian Orchestra. Miss Cook, Superintendent of the Hospital, and the staff, received the guests, and a most enjoyable afternoon was spent.

Sir William Gage, and other directors of the Toronto Free Hospital for Consumptives waited on the Board of Control on December 4th and asked for a grant of $31,000 to wipe off a deficit incurred in connection with the treatment of Toronto patients in that institution.

Owing to the financial difficulties of the Calgary Hospital the commissioners have drawn up a report to the city council recommending that a supplementary grant be made to the hospital of $17,000 to enable it to carry on its work for the balance of 1918. The understanding between the hospital board and the city is, however, that whatever provincial grants may be earned by the hospital during the last six months of 1919 are to be credited to the estimates of the city. This means a grant of $8,000 and an advance of $9,000, since the hospital's estimate that the twenty-five cents per day per patient which is paid by the Provincial Government will in six months total between nine and twelve thousand dollars.

According to the report recently submitted to the city council the past year has been the busiest in the history of the Winnipeg Municipal Hospital. The expenditure shows a total outlay of $287,698, against expropriations amounting to $287,952. The revenue from patients' accounts amounted to $16,768, which reduced the total expenditure to $270,698. There were 1,782 patients admitted to the hospital during the year, with 232 carried over from the previous year. The report concludes by saying the most serious problem facing the hospital at the present time is the shortage of nurses, a situation created by the demand for nurses for army service.

A very pleasing and successful function took place on December 9th at the Muskoka Free Hospital for Consumptives, Gravenhurst, in the form of a banquet, which was tendered by the patients to the nurses, V.A.D.'s, doctors and others, who during the late "flu" epidemic have labored most assiduously, and whose efforts called forth the appreciation of the patients in this manner. It also took the form of a thanksgiving gathering for the conclusion of the war, and, incidentally, to draw together in friendly social intercourse the staff and patients, so that its object was threefold. The large dining hall was tastefully decorated and a pleasing color scheme with shaded candles on each table gave a very pretty effect.

Great progress has been made in the Moosomin and Watrous (Saskatchewan) districts in inaugurating the plan for school nurses. The Hon. W. M. Martin is making plans for a wide extension of the work. He is to ask the next session of the Legislature to provide sufficient funds for the appointment of at least twelve new school nurses during 1919. There are forty-one inspectorates in Saskatchewan.

A deputation from Queen's University, Kingston, laid plans before the Ontario Government on December 20th for the extension of medical education in that institution. They requested the Government to give them financial assistance in enlarging Kingston Hospital, to erect two additional wings to provide accommodation for the University Faculty, and to modernize the hospital generally. Up to the present one hundred thousand dollars has been subscribed for the purpose in Kingston.

London electors on January 2nd abandoned the policy of rigid economy that developed with the progress of the war. They endorsed by substantial majorities by-laws to make grants to a number of patriotic organizations and voted $100,000 to the Medical Department of Western University, and $50,000 for the purchase of an industrial area to further London's commercial interests during the reconstruction period.

The Council of the City of Toronto made the following grants in December: $41,000 to Toronto General Hospital; $16,000 to the Hospital for Incurables; $4,800 to Grace Hospital; $7,594 to cover taxes on the Base Hospital; $8,763 to cover taxes on College Street Convalescent Hospital; $830 to cover taxes on Military Officers' Convalescent Home; $670 to cover taxes on Longwood Hospital.

James Carruthers, formerly of Toronto, has given $100,000 to the Montreal Children's Memorial Hospital.

The I.O.D.E. Preventorium, 2643 Yonge Street, Toronto, expect to open a new babies' pavilion in the early spring. The pavilion will provide accommodation for fifty infants suffering from tuberculosis, and it is estimated that the cost will be approximately $35,000. Plans are also under way to erect a nurses' residence at an additional cost of $25,000.

Miss Weldon, of St. Thomas, was appointed Superintendent of the Amasa Wood Hospital on December 12th. The new superintendent succeeds Mrs. Fenton, formerly of Hamilton, who has been head of the hospital for the past six months. Miss Weldon is a graduate of the Toronto General Hospital, and has been Matron of the Lake View Hospital, Chicago, for the past three years.

Dr. J. F. Cattermole, who for the past five years has been Assistant Superintendent of the Provincial Hospital for Epileptics at Woodstock, has resigned. He will continue to live in Woodstock. Previous to coming to Woodstock Dctor Cattermole was connected with the Asylum for the Insane at Penetanguishene.

Dr. J. Gordon Wright, late Superintendent of the Kingston General Hospital, has been appointed Medical Superintendent of the Regina Medical Hospital to succeed Doctor Dakin, whose resignation went into effect on September 1st. The appointment was made by a special committee of the Board of Governors, their action being endorsed unanimously at a later meeting of the general board. Dr. J. Segal has been appointed Medical Superintenden of the Earl Grey Sanitarium, replacing Dr. L. G. Hoole, who has been transferred to the Tranquille Sanitarium in Kamloops.

Book Reviews

Hygiene of the Eye. By William Campbell Posey, A.B., M.D., Ophthalmic Surgeon to the Wills and Howard Hospitals; Professor of Diseases of the Eye in the Philadelphia Policlinic; Ophthalmologist to the Department of Physical Education of the University of Pennsylvania; Chairman of the Commission on Conservation of Vision of Pennsylvania. 120 illustrations. Philadelphia and London: The J. B. Lippincott Co.

We are very pleased to know that at last a competent oculist has seen fit to compile and publish a work on the Hygiene of the Eye. Dr. Posey has called to his assistance three or four experts on Illumination, Instruction of the Blind, and on the Prevention of Blindness. They have each contributed a chapter on their respective subjects. It would be a good thing if principals of boys' and girls' schools would study these matters thoroughly, and try to provide students with means of caring for their eyes. Dr. Posey speaks from a very extended experience in the treatment of eye troubles, and his work is very concise and clear. We also can heartily recommend this work to the oculist and general practitioner, who are frequently called upon to give advice in the hygiene of the eye. No work which we have seen covers the ground so completely.

Gynecology. By William P. Graves, M.D., Professor of Gynecology at Harvard Medical School. Second edition, thoroughly revised. Octavo volume of 833 pages with 490 original illustrations, 100 of them in colors. Philadelphia and London: W. B. Saunders Company. 1918. Cloth, $7.75 net. The J. F. Hartz Company, Limited, sole Canadian agents.

The author says that "this work is designed both as a text-book and general reference book of Gynecology." He therefore adopts a special classification of the subject matter into three distinct parts:

Part I deals with the physiology of the pelvic organs and with the relationship of gynecology to the general organism. The latter subject is a special feature of the book and deals with such subjects as the relationship of gynecology to the organs of internal secretion, the mammary glands, the skin, the organs of sense, the digestive tract, the organs of respiration, the blood, the organs of circulation, the nervous system, the sex impulse, the neighboring organs, the gall bladder, the peritoneum and omentum, the bones and joints, and the acute infectious diseases.

No space is taken up with the discussion of the anatomy of the female organs.

Part II is designed primarily for the undergraduate student. The main subjects discussed are: Special inflammatory processes, general inflammatory processes, new growths, defects of development, malposition of the uterus, injuries due to childbirth, special gynecological diseases such as ectopic pregnancy and dysmenorrhea, and general symptomatology in gynecology.

Underlying pathologic processes are enumerated, but tedious descriptions of microscopic detail are absent. Excellent original drawings and other drawings from microscopic sections (of which there are 123) illustrate the various diseases.

Part III is devoted exclusively to the technic of gynecologic surgery. The descriptions of operations are succinct and clear, while the pictures illustrating their performance are numerous, original and well executed.

From the fact that the subject matter of the book is carefully selected, and that the book is well illustrated, well written and well published, it is undoubtedly one that will prove of value to the undergraduate student, to the advanced special student and to the general practitioner.

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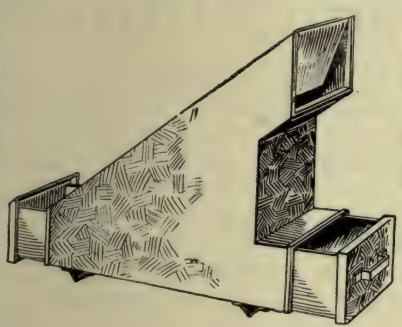
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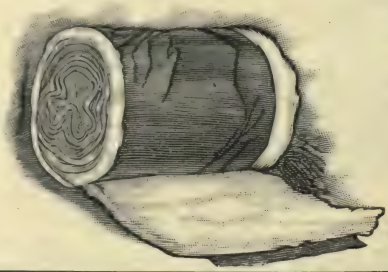
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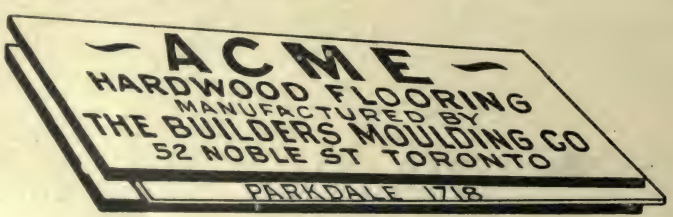
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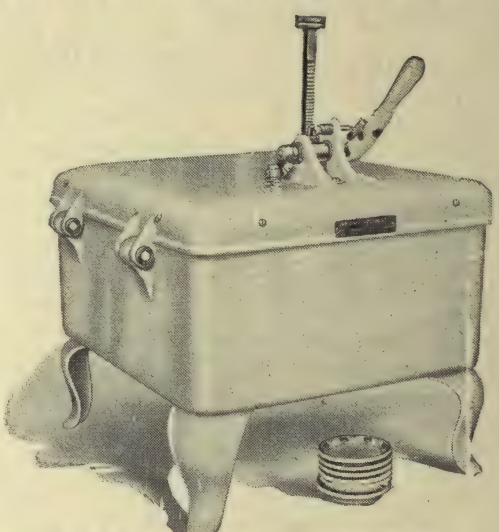
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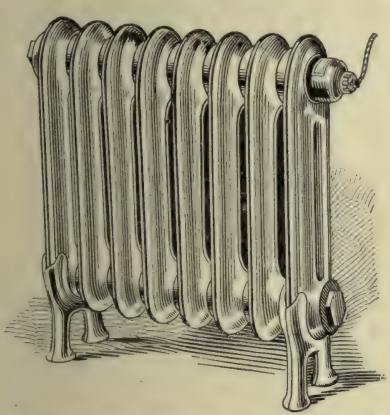
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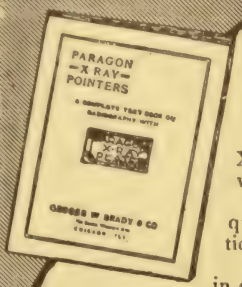
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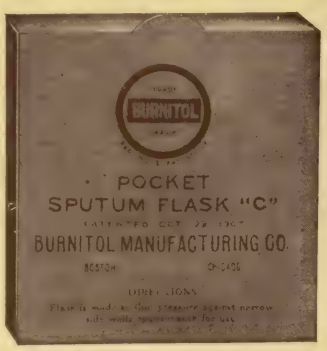
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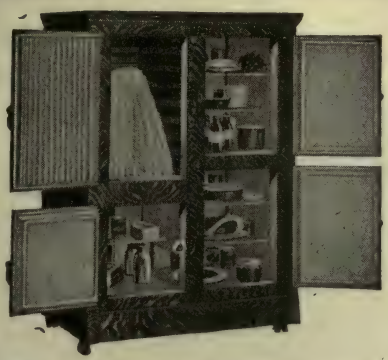
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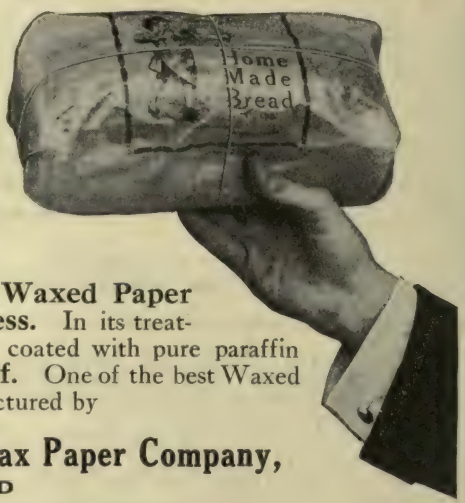
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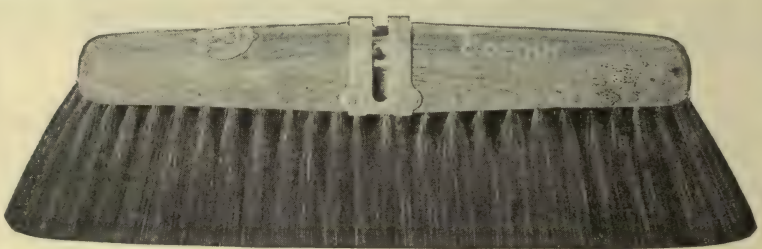
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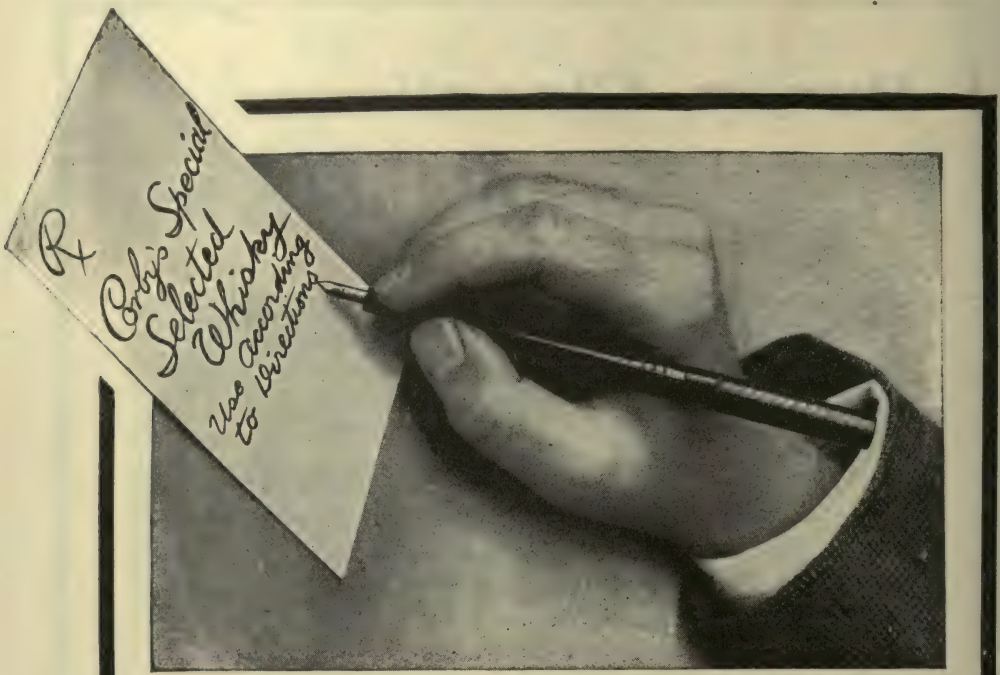
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(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums, and Public Charitable Institutions throughout the British Empire.

Vol. XV. TORONTO, MARCH, 1919 No. 3

Editorial

A VITAL POINT IN TREATMENT

OVER the door of what is probably the greatest hospital in the world is the legend: "In treating the disease do not forget the patient."

House doctors, nurses and other attendants on the sick sometimes forget this important injunction. Some of them never learned it. Others learned it through having to endure a serious illness themselves to get the viewpoint.

In the best hospitals and sanitariums—in all, in fact, a spirit pervades the place. This spirit is soon recognized by the newcomer, be he patient or visitor—sensed very quickly—whether the spirit be one of cordial welcome, kindliness, helpfulness, cheerfulness, optimism, or the reverse; or an atmosphere of negativism and indifference. He senses, too whether or not the institution is mercenary or not, that is to say, whether the place is run for money or, first and foremost, for service.

To the ailing patient and his friends the impression conveyed by the place and its people means a good deal to him, one way or the other.

A good deal has been written of late concerning influencing the mind of patients in the right way. The spirit of any institution has an important bearing on this feature of the treatment.

One of our prominent psychologists has dwelt upon the importance of the expulsive power of a new affection. And our authorities on psychic treatment, whether of the regular or irregular schools, recognize the importance of this doctrine. Hence the effort, by varied means, to get the neurotic or mentally afflicted patient (be he suffering organically or functionally) to cease his introspection—to get him away from himself and his ailments, and set his affections and thoughts on other things. Recipe, the sea voyage, the sanitarium with its rest cure, bed, baths, electricity, massage, seclusion, the occupation therapy, exercises, games.

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Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums, and Public Charitable Institutions throughout the British Empire.

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THIRD RESUSCITATION COMMISSION*

PROCEEDINGS AND RESOLUTIONS.

EDITED BY PROFESSORS HOWELL, STEWART AND THOMSON.

The Commission met in New York at the Rockefeller Institute.

There were present at the meeting: Past Assistant Surgeon E. F. DuBois, U.S.N.R.F., of the Bureau of Medicine and Surgery, Navy Department; Dr. D. L. Edsall, Professor of Medicine and Dean, Harvard Medical School; Mr. W. C. L. Eglin, Chairman of Committee on Safety Rules and Accident Prevention of the N.E.L.A.; Dr. Yandell Henderson, Professor of Physiology, Yale University, and Consulting Physiologist of the Bureau of Mines; Dr. Wm. H. Howell, Professor of Physiology and Assistant Director of the School of Hygiene and Public Health, Johns Hopkins University, Member of the National Academy of Sciences; Dr. Reid Hunt, Professor of Pharmacology, Harvard Medical School, Secretary of Commission; Prof. A. E. Kennelly, Professor of Electrical Engineering at Harvard University and the Massachusetts Institute of Technology; Dr. Charles A. Lauffer, Medical Director of the Westinghouse Electric Co., Pittsburgh, Pa.; Dr. S. J. Meltzer, Rockefeller Institute, Chairman of Commission, Member of the National Academy of Sciences; Dr. Joseph Schereschewsky, Assistant Surgeon-General, U. S. Public Health Service; Dr. G. N. Stewart, Professor of Experimental Medicine, Western Reserve University, Cleveland; Prof. Elihu Thomson, General Electric Co., West Lynn, Mass., Member of the National Academy of Sciences; Lieut.-Colonel Edward B. Vedder, of the Army Medical School; Major Frank C. Young, of the Ordnance Division of the War Department.

A telegram was received from Surgeon-General Gorgas that Dr. Charles H. Frazier, Professor of Surgery, University of

* Under the Auspices of the Committee on Safety Rules and Accident Prevention of the National Electric Light Association.

Pennsylvania, is to represent his office. (In a subsequent communication Major Frazier accepted his appointment.) Conferees: Mr. P. H. Bartlett, Philadelphia Electric Company; Mr. Wills Maclachlan, Electrical Employers' Association, Toronto, Canada; Mr. C. B. Scott, Chairman of the Sub-Committee on Accident Prevention, N.E.L.A.; Dr. F. E. Schubmelh, General Electric Co., West Lynn, Mass.

The object of the Commission, the Chairman stated, is to consider efficient methods of artificial respiration in emergency cases, *as they are met with in peace as well as in war.* For more than a century England has had several life-saving societies, and many special commissions have been appointed to investigate the methods employed in resuscitation. In this country, about six years ago, a Commission on Resuscitation from Electric Shock was created for the first time, by the initiative of the National Electric Light Association. It is now generally recognized that efficient artificial respiration is, for such conditions, the best and practically the only means available for resuscitation. It requires but little consideration to realize that the need for an efficient means of artificial respiration is very widespread.* The Committee on Safety Rules and Accident Prevention of the N.E.L.A, of which Mr. Eglin is the Chairman, agreed that the Third Resuscitation Commission should consider its problems from a general point of view.

Mechanical Methods.—Doctor Meltzer demonstrated, in the laboratory for physiology and pharmacology, the efficiency of the method of pharyngeal insufflation in an etherized dog after complete removal of the anterior wall of the thorax, in which the lungs and heart were exposed to full view. (Eighteen minutes.)

Doctor Rossiter, of the Carnegie Steel Company, demonstrated the latest device of the Pulmotor Company, which is not identical with the original Pulmotor. He showed also the original Pulmotor. He stated that he had resuscitated eight gas cases, in which the respiration had stopped. This was done by

* For instance, in injuries to the head which stop respiration, injuries to the chest (especially double pneumothorax), in laparotomies during which the respiration ceases occasionally, in cases of shock which occur in peace and more so in the present war, in poliomyelitis with stoppage of respiration, in post-diphtheritic paralysis, in poisoning by opiates, by volatile gases (ether, chloroform, etc.), by mine and fuel gases, poisoning by magnesium salts, in electric shock and in drowning.

the original Pulmotor, in which he had more confidence. (Thirty minutes.)

Dr. James M. Booher, Medical Director of the Life Savings Devices Co., demonstrated the Lungmotor. He showed a number of blood pressure tracings, taken from animals which had received artificial respiration by means of this apparatus. In reply to a question, Doctor Booher stated that in these experiments the Lungmotor was connected with the animal by means of a tracheal cannula. (In human cases the Lungmotor is applied by means of a face mask.) Doctor Booher left with the Commission histories of a number of cases in which the Lungmotor had been used. (Thirty minutes.) (The Commission found no time to examine these written histories, but Dr. Booher mentioned verbally especially two cases. One of these cases was subsequently investigated by the chairman. The life of a poliomyelitis patient with complete paralysis of the respiration was maintained for thirty-six hours by means of the Lungmotor. The reporting physician is of very good standing.)

In introducing Mr. Foregger, the Chairman explained that the physician who was most competent to present the details of the apparatus of the Foregger Company is now in France. Mr. Foregger was allowed fifteen minutes. The apparatus consists in modifications of the insufflation apparatus of Meltzer. Among other changes, the apparatus carried an oxygen generator tank. In reply to a question, Mr. Foregger stated that the oxygen thus generated may last eight or ten minutes.

Manual Methods.—Mr. Eglin read a letter from Mr. M. W. Alexander, of the General Electric Co., stating that he hoped the "Commission would be very definite in recommending the prone-pressure method, as experience has proved its value."

Mr. C. B. Scott stated that the Accident Prevention Committee of the N.E.L.A. had reached the point in its investigation where it felt that the prone-pressure method was best to recommend, bearing in mind that machines are not always available in emergencies. His own company had had nine successful cases of resuscitation by the prone method, and three unsuccessful cases in which mechanical means were used.

Doctor Schubmehl stated that the prone-pressure method had been most successfully applied by their two hundred and twenty-five first-aid men.

Mr. Maclachlan stated that he had the duty of training possibly three thousand men in the prone method. Their system required the men to practice this method at least once a month. The men are instructed not to desist in less than three and a half hours, and that not till then should they listen to advice from a physician who might tell the operator that the patient was dead.

The Secretary read the following parts of a letter from Professor Schafer, of Edinburgh, to the Chairman: "The prone method has been adopted *exclusively* for about twelve years by the Royal Life Saving Society, the only important organization in the British Empire whose object is the resuscitation of the apparently drowned. It has also been adopted for several years by the London and other police forces, by the Board of Trade, by the Army and Navy." "The most important thing is in cases of drowning to have something ready which any man can use; which will effect respiratory exchange—whether exactly as much as normal, matters very little."

Resolutions Adopted by the Commission.

In the discussion following the presentation of methods and evidence to the Commission the following important facts were emphasized:

1. That in most accident cases no resuscitation apparatus is at hand for immediate use.
2. That reliance upon the use of special apparatus diminishes greatly the tendency to train persons in the manual methods and discourages the prompt and persevering use of such methods.
3. That police officers or physicians often interfere with the proper execution of manual methods, in that they direct that the patient be removed in an ambulance to some hospital, thus interrupting the continuance of artificial respiration.
4. That in many hospitals the members of the staff are not all acquainted with the methods of artificial respiration.
5. That in medical schools instruction is not properly provided for students in the manual methods of artificial respiration.

In view of these facts the following resolutions were adopted by the Commission:—

1. The prone-pressure or Schafer method of resuscitaiton is preferable to any of the other manual methods.

2. Medical Schools, Hospitals, Fire and Police Departments, the Army and Navy, First Aid Associations, and industrial establishments in general, should be urged to give instruction in the use of the prone-pressure method of resuscitation.

3. Individuals who, from accident or any other cause, are in need of artificial respiration, should be given manual treatment by the prone-pressure method immediately on the spot where they are found. It is all-important that this aid be rendered at once. The delay incident to removal to a hospital or elsewhere may be fatal, and is justifiable only where there is no one at hand competent to give artificial respiration. If complications exist or arise, which require hospital treatment, artificial respiration should be maintained in transit, and after arrival at the hospital, until spontaneous respirations begin.

4. Persons receiving artificial respiration should, as much as possible, be kept warm and the artificial respiration should be maintained till spontaneous breathing has been permanently restored, or as long as signs of life are present. Even in cases where there is no sign of returning animation, artificial respiration should be kept up for an hour or more.

5. A brief return of spontaneous respiration is not a certain indication for terminating the treatment. Not infrequently the patient, after a temporary recovery of respiration, stops breathing again. The patient must be watched, and if normal breathing stops, the artificial respiration should be resumed at once.

6. Artificial respiration is required only when natural respiration has ceased. In cases of simple unconsciousness from any cause in which natural respiration continues, artificial respiration should not be employed without medical advice.

7. The Commission recommends that in cases of gas asphyxiation, artificial respiration, whether given by a manual method or by special apparatus, should be combined when possible with the inhalation of oxygen from properly constructed apparatus.

8. With regard to the employment of mechanical devices for artificial respiration, the Commission feels that it ought not at present to take a definite stand either for or against any particular form of apparatus. However, the Commission recommends that the use and installation of apparatus should be

confined, for the present, to properly equipped institutions under medical direction. The Commission recognizes the great need of simple devices capable of performing artificial respiration reliably and efficiently. It therefore recommends a careful study of the problem, directed toward the development of a reliable method appropriate for general adoption.* Such studies can best be carried on in properly equipped hospitals and laboratories, which offer opportunities and facilities for critical observation and experimentation.

In view of the importance which the knowledge of proper methods of resuscitation possesses for public health and safety, and considering the fact that many practitioners, members of hospital staffs and graduates of medicine are not thoroughly familiar with the methods of resuscitation, especially that of the prone-pressure method, the Commission recommends:—

(*a*) That medical journals (and other scientific and practical journals which are interested in the problem of resuscitation) be asked to publish the resolutions adopted by the Commission.

(*b*) That a copy of these resolutions be sent to the medical colleges, with a request that proper instruction in this subject shall be arranged for in the college schedules.

(*c*) That these resolutions be sent to as many hospitals as possible, with the recommendations that members of the house staff shall familiarize themselves with the methods of resuscitation.

(*d*) In order that the resolutions of the Commission may be brought to the attention of interested circles (fire and police departments, industrial plants, etc.), it was agreed that they be communicated to the Associated Press (by the National Electric Light Association).

It was voted that the Third Resuscitation Commission should be properly organized and continue its existence, ready to respond when requirements arise. The following officers were elected: President, Dr. S. J. Meltzer; Vice-President, Dr. Yandell Henderson; Secretary, Dr. Reid Hunt; Treasurer, Mr. W. C. L. Eglin.

It was voted to appoint a committee for the collection of verifiable data relating to resuscitation. The President

* See Appendix.

appointed to the committee: Dr. D. Edsall, Chairman; Dr. Reid Hunt, Secretary; Prof. Elihu Thomson; and the President *ex-officio*.

APPENDIX.

The Commission consists of fifteen members. Fourteen approved the foregoing report without qualifications. The fifteenth member wishes to qualify his vote by the following statement:—

Dr. Yandell Henderson qualifies his support of the resolutions as follows:—

While I concur in a considerable part of the report of the Resuscitation Commission, I dissent from the statement in Resolution 8 recognizing " the great need of simple devices capable of performing artificial respiration reliably and efficiently."

Devices which are excellent from the mechanical standpoint are now available and widely sold; but the evidence regarding them indicates clearly, I believe, that even if these devices were on the spot where several gassings or electrocutions occurred, and if all the victims were treated with them, except this one who was given manual (prone pressure) treatment, this one would have much the best chance of recovery. In actual practice the apparatus is seldom right on the spot, adjusted and ready. Critical time is lost, and thus in the above suppositious cases, as they actually occur, the only victim with any considerable chance of resuscitation (aside from those who recover spontaneously and are credited to the apparatus) is the one treated manually.

Even more important is the fact, demonstrated now by universal experience, that when apparatus is known to be obtainable, it is sent for and the manual method neglected. Thus to-day the apparatus in public use is on the whole contributing very materially to decrease the saving of life.

AMERICAN RED CROSS NOTES

JERUSALEM (by mail).—How American Red Cross physicians engaged in relief work here are accomplishing worth-while results is shown in the face of great difficulties, and what they are up against, is shown in a report just received here from W. S. Dodd, A.R.C. doctor working at Mejdel, in this section.

With two capable English trained nurses and three native helpers, more or less useful, Doctor Dodd, his "hospital" housed under tents, performed 252 operations in seven weeks, besides giving medical examinations, treatment and counsel to hundreds of the destitute inhabitants and refugees.

His report says in part: The work of the hospital was of the plainest sort; it might be called primitive. About twenty-five tents comprised the hospital proper, with a dispensary tent and tents for the living quarters of the staff.

The soil was all the purest sea-sand, with thistles and scant grass. Going barefoot was the universal custom, and in our own quarters we of the staff used to follow that custom with great pleasure.

The professional side of the work was of the greatest interest to me, and every day was a pleasure. The clinics numbered sixty to a hundred a day. Of course we had all classes of cases in medicine and general surgery, but by far the larger proportion of our patients were eye cases.

Of the 252 operations that I did in less than seven weeks, 222 were for the eyes. This is the number of persons operated on, most of them having more than one operation, perhaps on all four lids, so that I really operated on 408 eyes.

There were some cataracts, not more than would be seen in the same number of cases elsewhere, but trachoma and its consequences accounts for almost all of the eye troubles in this land. I set out to treat these cases radically and secured fine results when I could keep the patients long enough for a reasonable after-treatment. But even so, the number of eyes that can be saved from partial and total blindness is large, and the economic value of each eye thus saved is enough to make the prosecution of this line of work of the greatest importance for the redemption of the land.

The accident cases are always interesting. I had the last end of treatment of some cases of bombed hands, of which there had been quite a number in the earlier days. These were largely in children, and were due to their picking up unexploded Turkish bombs that were lying in the fields from the time of the British advance in the Gaza region. Many fingers and even hands were lost from this cause.

Vermin was the great enemy we had to fight. Fleas were hardly counted as a problem, because we could do nothing against them; they were everywhere and inevitable, and so far as we know at present, not being the carriers of any special disease, did not come within the hostility of a medical conscience.

Lice and maggots were a daily terror. How many wounds and injuries came to us filled with maggots I cannot tell. A favorite dressing for a wound is a piece of raw meat, a breeding-place for maggots, and they can hardly be blamed for invading the adjoining premises.

Many a child had to be put under chloroform in order to search out and pull from their hiding-places in the middle ear a half-dozen wriggling maggots, whose every motion was causing torture to the innocent victim.

A woman came to the clinic complaining of headache. A single sore on her face led to questioning, and when she rather unwillingly undid her turban we found an exaggerated case of impetigo, and every separate sore was as if the thickness of the scalp down to the bone had been punched out, and every sore was a nest of maggots. I removed sixty at the first seance, and at the first dressing next day the nurse had more to do. The headache was cured without further treatment. And these are not the most loathsome cases that we saw.

Another great difficulty with which we had to contend was the filthy habits of the people. In spite of providing proper sanitary facilities, we were compelled to have a scavenger go around every morning and clean up the filth from around the tents of the patients. The women were as bad offenders as the men. We made it a rule that anyone known to have violated these simple sanitary regulations must go without their dinner next day, and this was quite an effective punishment.

Canadian Hospitals

NEW HOSPITAL ANNEX AT PETROLIA OFFICIALLY TAKEN OVER

By the addition of a new maternity wing to the Charlotte Eleanor Englehart Hospital, Petrolia can now boast of an institution second to none in the Province of Ontario. This new wing, built at a cost of $16,000, is the handsome gift of J. L. Englehart, whose many generous gifts have endeared his name in the hearts of Petrolia citizens for all time to come. This splendid institution stands to-day a glowing tribute to the big-heartedness of one of Petrolia's biggest citizens, and a useful monument to the memory of his beloved wife, Charlotte Eleanor Englehart.

The opening of the new maternity annex in December was made the occasion of a pleasant social function. A reception and "at home" was given by the Ladies' Hospital Guild, at which a great many citizens were present.

Citizens expressed themselves as delighted with the building and workmanship of the new wing. The exterior is of fine brick and the inside finish is hardwood and Georgia pine. It is equipped with every appointment necessary for the comfort of the patients and convenience of attendants, and no money has been spared in making it complete in every particular.

One room is beautifully furnished in white enamel, the gift of Mrs. G. S. Pitkin and her daughter, Mrs. Bancroft, in memory of their husband and father, the late Gilbert Stanley Pitkin. Mr. Pitkin was for many years secretary of the Hospital Board, and was until his death a faithful servant in the interests of the hospital. Another room handsomely furnished is the gift of Mr. and Mrs. Robert Stirrett in memory of their infant daughters, Helen and Jean. The other rooms, which lack nothing either in comfort or convenience, have been furnished by the members of the Hospital Guild, who undertook this task as their special contribution to the hospital's needs.

In the evening the annual graduation exercises of the Charlotte Eleanor Englehart Hospital were held. Two nurses, Miss Mary Hazel Currie, of Parkhill and Miss Mary Catherine Cameron, of Guelph, received their diplomas. N. McDougall, chairman of the Hospital Board, was chairman of the meeting, and in his opening remarks stated that no town the size of Petrolia could boast of such accommodation as was afforded in the C. E. E. hospital. He paid tribute to the generosity of the donor, Mr. J. L. Englehart, and made the interesting announcement that Mr. Englehart had assured him that the hospital would never stand in need and that already further extensions were being contemplated. He paid tribute to the matron and staff of the hospital, referring to the nurses as ministering angels and pointed to the angelic group on the platform. He thanked the Women's Hospital Guild and the Women's Hospital Auxiliary for their untiring efforts in the interests of the hospital and stated that the Board felt very much indebted to Mrs. Pitkin and her daughter, as well as Mr. and Mrs. Robert Stirrett, for their memorial gifts.

Rev. Dr. Knowles, in a brief address, paid tribute to the nursing profession. He stated that the sphere of a nurse was from the nature of things circumscribed. She was confined to a sick room and under such circumstances must maintain a happy disposition, a strong heart and a courageous soul. He stated also that a nurse should develop the spiritual side of the life and that in extreme cases she should be able to minister to the soul as well as to the body. Speaking more particularly to the graduate nurses, he asked them to be loyal to their *alma mater* and to maintain their professional etiquette. He stated that the calling they had chosen might be made a great blessing to mankind and wished them unqualified success in the sphere upon which they were entering.

Dr. McKay, Inspector of Hospitals for the Provincial Government, was present and was called upon to speak. He stated that he had not come to make a speech, but came as a representative of the Ontario Government to do honor to the man who has made a hospital in Petrolia possible. He stated that Petrolia was fortunate in having a man able and with a spirit generous enough to make such a gift. He stated that hospitals



CHARLOTTE ELEANOR ENGLEHART MEMORIAL HOSPITAL, PETROLIA

Page 79—Hospital World, March, 1919. Front of building, facing the east and overlooking the Syndenham Valley.

had been hard hit by the war and that very few were in as flourishing a condition as the one in Petrolia. He pointed out the fact that in many ways the graduate nurse from the smaller hospital was more competent and more resourceful than the nurses trained in the larger and more specialized hospitals. Dr. McKay paid tribute to the bravery of the nurses overseas, whom he had seen under strenuous duty in England and under the bomb-fire in France. Their courage, he said, was often equal to that displayed by the soldier in the front line trench.

Diplomas Presented.

The graduate nurses were presented with their diplomas by J. E. Armstrong, M.P. Mr. Armstrong stated that Petrolia as a community was deeply interested in its hospital and that the feeling was growing. He referred to the splendid work being done by the matron, Miss Hickson, and staff and spoke of the generosity of Petrolia medical men in giving their services free of charge to the dependants of soldiers overseas. He stated that it was a great pleasure for him to be able to extend to the graduate nurses their diplomas. The graduate nurses had helped to make the hospital what it was and Petrolia citizens would be interested in their future welfare. As a motto to the nurses he gave them one which he had seen on a sun dial in England: "I wrote only the hours that shine." He counselled them to carry good cheer into the sick room and warned them that success in life could not be attained without much hard work and effort.

The graduation pins were presented by Mrs. Robert Stirrett, president of the Women's Hospital Auxiliary.

When the chairman called upon J. L. Englehart for a few words the audience gave a splendid demonstration of their admiration for his generous spirit. J. E. Armstrong led in three hearty cheers and a tiger which was followed by long and hearty applause. Mr. Englehart was deeply moved by the tribute and spoke very briefly. He stated that all knew why he had made a hospital for Petrolia, one of his special missions in life and that he did not wish to refer further to that part of it. He stated that there had always been a family feeling among the citizens of Petrolia for the interest they had shown



CHARLOTTE ELEANOR ENGLEHART MEMORIAL HOSPITAL, PETROLIA

Facing south, taking in the tennis court and overlooking the golf links, 3,000 yards—below and alongside is the new Maternity Annex, continuing south,

in the hospital and expressed himself as pleased with the able manner in which Miss Hickson filled the matron's chair. In conclusion he wished that the blessing of kind heaven might be extended to all.

On behalf of the town Mayor Preston formally accepted the gift of J. L. Englehart and presented him with the following address:

Petrolia, Ont., Dec. 18, 1918.

To Mr. J. L. Englehart:—

In accepting from you on behalf of the Town of Petrolia the most valuable addition that could be made to the Charlotte Eleanor Englehart Hospital—the fully-equipped and completed Maternity Ward—any words of mine are inadequate to suitably express our appreciation of your thoughtful and generous action, and we accept it, feeling that it is an expression of the original spirit that animated you, when, in memory of her whose name the hospital bears, you established in our midst this institution, which so contributes, by the alleviation of human suffering and pain in the diseases that beset humanity, to the restoration of health, and the deepening of the feeling of universal human brotherhood.

The Highest Authority has declared that "It is more blessed to give than to receive" and that blessing is yours in the fullest measure.

As an honored citizen for many years in our midst, we especially thank you for your continued interest in the welfare of this community and district—and the institution of the hospital will ever keep green the memories of yourself and of your dearly beloved departed wife, in the minds of the generations to come after us.

In the name of the citizens of this district, I wish you all the comfort and happiness, and that you may long be spared to see the fruits of your Hospital action—and that your munificent gift is accepted with the most profound thankfulness.

ERNEST PRESTON,

Mayor of Petrolia.

NEW ORTHOPEDIC HOSPITAL NOW OPEN

Before the spring sunshine drinks up the snow and invites the birds to sing, hundreds of crippled men will be housed and treated at Christie Street Military Hospital, Toronto, and hundreds will continue to come and go.

After becoming familiar with the dismal interiors of several other Toronto military hospitals and convalescent homes, there seems little to be desired in the new building, except, perhaps, a laundry, which the reporter enquired about, but could not find. Thanks be! there are no dark corners or dingy wards, and as far as the comfort of the men will be concerned there appear to be no makeshift arrangements, although there is evidence of Mr. Economy's busy hand in the woodwork and general finish. Notwithstanding a full measure of daylight from windows, there are great light wells from the second floor up, adding both to the brightness and dignity of the place, and in spite of the fact that of necessity some wards face that part of the compass which isn't considered luxurious, the powerful heating plant generates a most comfortable temperature. Extensive alterations have taken place in the basement, which, in the days of the Cash Register Co., boasted but three or four rooms; now there are not less than thirty, and moreover, it is the centre of activity for the convalescent men.

This underground suite is splendidly lit by large windows, admitting real daylight, and here a dining-room to seat five hundred stretches right across beneath the main entrance. Branching off to the west a wonderful vocational "colony" has been built, including rooms for leather craft, clay modelling, sheet metal, shoe-making, printing, telegraphy (electric), general arts and crafts, and woodwork. Here, too, is the billiard room and bowling alley, and reading and rest rooms, the quartermaster's stores, and many other small offices. It would not be at all difficult to lose oneself in the far-reaching basement.

To the north of the main building, and approached by means of a subterranean passage from the servory, is the kitchen and refrigerator, not yet "rigged," but promising to be one of the finest in Canada. It is of concrete, and constructed to allow for further addition in the future.

But the most striking, and probably that most seen by the

public in the whole building, is the magnificent suite of offices and the spacious reception hall, all quarter-cut oak panelling and prism glass. It cannot be said that the new Dominion Military Orthopedic Hospital hasn't a good approach, or that the quarters of the administrative staff have been neglected.

Provision has been made for practically all treatments (electric) on the main floor, too, and a tremendous gymnasium flanks the west wing. Most of this is the old structure with revision and additions, and includes three large wards, two massage rooms, rooms for treatment of radiant heat, mechanotherapy, hydrotherapy, and electrotherapy.

The second and third floors are practically duplicates of each other, with huge wards, accommodating up to fifty beds, diet kitchens, linen rooms, and smaller wards. Every ward is a veritable sunroom, in some cases having as many as a dozen windows; the walls are bright with cream and white paints, and oak-stained doors.

It is the top or fourth floor that will prove the Mecca for doctors who rejoice in modern scientific improvements for surgery, dentistry and the apparatus for X-ray work. The hospital "theatre" for surgical work and other apartments of the suite are painted in white and have terrazo floors; this is carried out in the dental rooms also. On this floor are the several dark rooms for diagnostic and fluroscopic work in connection with the X-ray departments. All over the building drinking fountains have been placed for the convenience of the patients.

Nothing in the city can surpass the comprehensive view seen from the roof of the new hospital, which has been adapted into an ideal sunroom, with a glassed-in roof and walls having doors leading to paths outside. No doubt the roof will be the favored spot in summer time, and possibly will be as cool as the shores of the lake.

New buildings now under construction include a nurses' pavilion, an officers' hospital (100 beds), a limb factory and a recreation room, west of the gymnasium.

The Government are spending more than a million and a half dollars on the place, which is, however, considered only a temporary hospital. It provides accommodation for 1,500 to 2,000 beds, and is said to be the best of its kind on the continent.

ONTARIO MENNONITES OFFER OVER $60,000 FOR A SOLDIERS' ORPHANS' HOME

The Mennonites in Ontario had conscientious objections to war and they had more or less treaty or convention rights with our Government that they should not be called on to do military service. The Ottawa Government recognized their claims in a modified way.

Some months ago the Mennonites in their churches in Ontario and through their ministers began raising a fund to turn over to the Government for some charitable war purpose as a mark of their appreciation of Canada recognizing their claims on the Government in this respect. They have raised $60,000 and they will meet shortly to decide on the form of the offering. A number of them would like to see the money go toward a national home for the orphans of Canadian soldiers killed in the war.

WOMENS' HOSPITAL, TORONTO, IS MAKING GOOD HEADWAY

Splendid reports marked the annual meeting of the Women's College Hospital, which was held at the nurses' residence, 149 Rusholme Road, Toronto, on January 8th. Mrs. A. O. Rutherford presided. In her report of the hospital, Mrs. Bowman, superintendent, showed an increase over any previous year's work. In 1917 they had 400 patients, while this year they had 425. During the same period there were 140 births and in 1918 there were 156. She stated that it had cost the hospital $17,422 to maintain these patients for a period of 9,447 days, which made an average cost per patient of $1.84 a day. In discussing the work of the outdoor clinic, Mrs. Bowman said: "Owing to the building operations the clinic was closed down in September. A large number of patients had reported from south-west Toronto and Earlscourt district, however, which were being looked after. In the new building six clinics will be provided. A fine waiting room has been fitted up, also a pathological laboratory. In presenting the report of the training school she told of 415 days' illness among the nurses, but all made a rapid recovery.

Miss Lowry, in her secretarial report, gave an outline of the growth of this institution since its inception in 1896, and stated they had now a 45-bed hospital. She told of the purchase of the new nurses' residence on Rusholme Road, and stated that the net results of the spring campaign were $13,000.

The medical staff of the Kingston General Hospital has been reorganized, and is now under the direction of Queen's University. The hospital is to be enlarged with $100,000 given by the late Dr. James Douglas, Chancellor of Queen's, as a nucleus, and the Ontario Government, the city of Kingston, and municipalities of this district are to be asked to co-operate. In view of the fact that Ottawa seeks to have Queen's Medical College transferred from Kingston to the capital, the local authorities are bestirring themselves to make the General Hospital the largest institution of its kind between Toronto and Montreal, for the benefit of Queen's Medical Department.

The Balfour Sanitarium for the treatment of pulmonary tuberculosis has been changed from a military to a civilian hospital. In every respect the work will be carried on as before, only all military routine will be avoided. At the present time Capt. Olson is on indefinite leave of absence from the C.A.M.C. and is acting in a civilian capacity at the sanitarium as the medical superintendent in charge.

The Central Ontario Hospital Association has finally materialized; eight hospitals are represented: Port Hope, Ross Memorial, Lindsay, Bowmanville, Oshawa, Cobourg, Peterborough and Belleville. They were represented by the presidents of their respective boards and the lady superintendents. Mr. John D. Hayden, president of the Cobourg Hospital Board, was elected president of the Association, and Dr. Henry, of Oshawa, secretary.

CANADIAN CONVALESCENT HOSPITAL, BEAR WOOD

Among the hospitals in England devoted to the care and restoration of convalescent soldiers, none is more suitable than the Canadian Convalescent Hospital, Bear Wood, Wokingham, Berkshire. It was in August, 1915, that this edifice became the temporary home of wounded Canadians. It passed into Canadian hands as the loan of Mr. and Mrs. John Walter, of *The Times,* who gave over their beautiful residence for the purpose. It has been known as Bear Wood Mansion, and is a large brick house. Major-General Sir Sam Hughes, who was then Canadian Minister of Militia, accepted the offer of Mr. and Mrs. Walter, and the military authorities equipped the building with 625 beds.

The Bear Wood Mansion is situated in part of old Windsor Forest. This region has a history extending back through a thousand years to Anglo-Saxon times. The scenery is wonderfully beautiful. There are magnificent woodlands, long stretches of heather and bracken, giant oak and beech trees, firs and pine woods. The house has well-lighted rooms. The south side overlooks a finely wooded park, with a beautiful lake in the centre. On the west side are tennis courts, bowling greens, and rock gardens; on the east side are croquet lawns and rose gardens. For purposes of recreation the Canadian Red Cross and the Y.M.C.A. have erected a large building under the supervision of Col. C. A. Hodgetts. The structure seats 400, has a large stage, a moving-picture machine, and a large billiard-room.

Since the opening of the hospital on September 20, 1915, it has cared for 15,000 men. Huts and tents have been erected, bringing the capacity of the hospital up to 800 patients. The medical services have always remained at a high standard. Apart from medical treatment, the patients have received encouragement to take ample exercise. They are allowed to walk to Wokingham, two and a half miles distant, and also received training from a staff of physical instructors.

FLYING HOSPITAL NEW BRITISH IDEA

According to the *London Daily Mail,* a squadron of surgical airplanes was formed in France not long before the Huns collapsed. Each machine, in addition to the pilot, carries an army surgeon and X-ray operator, and a complete set of surgical apparatus, including a folding aluminum table. Electric current for X-rays and for sterilizing and so forth is supplied by a dynamo. The intention was not to perform operations during flight, of course, but to carry succor to badly wounded on any part of the battlefield.

TO TREAT MENTAL CASES

All Canadian soldiers suffering from shell shock or insanity are to be treated in the new Westminster Township Military Hospital, situated south of London. Work on the Westminster Hospital, the cost of which was originally estimated at a million dollars, is being slackened while plans for the alteration of the uncompleted buildings are being changed. Practically all of the buildings will be doubled in size. The first proposal was for a 1,200-bed institution for sick and wounded soldiers but the present plans are for an Asylum and Hospital for Mental Diseases, with a capacity of 2,500 beds.

The hospital secured by Sir Adam Beck is being built on a $30,000 site purchased by the city of London, adjoining the London and Port Stanley Railway.

The Royal Air Force, through the Central Canteen Committee, has presented $2,000 to the trustees of the Toronto General Hospital for the purpose of endowing a bed in the hospital in the name of the Royal Air Force. Major G. B. Richards, the President of the Central Canteen Committee, stated that it was a slight memento in appreciation of the kindness and attention given to the N.C.O.s and men during their stay there.

Items

A MEMORIAL monument to Edith Cavell and the Canadian nurses who were killed by the Germans in raids on Canadian Hospitals, is to be erected in Ottawa in Major Hill Park. The monument will be erected by public subscription, and grants from the Dominion Government, and will be executed by Hamilton McCarthy, R.C.A., the well-known Canadian sculptor.

THE following Nursing-Sisters have returned to Canada: N. B. Montgomery, J. M. Carr, L. G. Long, R. G. Peterkin, C. Brosseau, M. O. Gauvreau, T. A. E. Lloyd, B. A. MacKinnon, M. Mackintosh, M. B. Hanna, A. E. Gardner, G. M. Ferguson, B. Countryman, H. M. Gleeson, G. B. Hiscock, S. A. L. Manchester, M. E. Patterson, J. B. Pringle, D. M. Webber, M. F. Haliburton, A. R. Layton, J. W. Cochrane, M. K. Brown, E. T. Rogers, L. Walker, L. A. Spry, M. Morkin, E. Melando, M. Fortune, A. Hicks, C. E. Greenwood, M. Carmichael, C. C. MacDonald, L. A. Dawson, M. Parks, D. M. Cotton.

THE following Nursing-Sisters have been struck of the strength for various reasons: A. Forbes, H. M. Bellisle, W. Lamarche, M. E. Casey, M. A. Thompson, B. L. Symon, J. A. M. Pelletier, G. M. Ferguson, C. O'Brien, A. B. Hamilton, M. E. Shaw, E. C. Anderson, D. E. Batkin, F. M. Colvin.

THE new Dalton Sanitarium, established at Prince Edward Island, is nearing completion, and is considered one of the finest convalescent homes in Canada. It will be devoted to the care of invalid soldiers.

Obituary

SUDDEN DEATH OF DR. R. A. REEVE

NOTHING that has happened in medical circles in Toronto of recent months so shocked the profession as the tragically sudden death of Dr. R. A. Reeve, on January 27th, while on his way home from a faculty meeting of the University of Toronto. It can truly be said that a prince in Israel has gone. The late Dr. Reeve was beloved by one and all. We don't believe he had a critic in the ranks of the profession who now so sincerely mourn his loss. The city of Toronto has lost one of her best sons and his patients a "beloved physician." Earth is certainly poorer but heaven is richer because Richard Andrews Reeve is no longer with us. His name will long be cherished by one and all.

Dr. Reeve, who was born in Toronto in 1842, son of the late William R. and Mrs. Reeve, obtained many honors in his profession, and had been engaged in his work as oculist almost up to the hour of his death. He obtained his B.A. degree, and won the silver medal in Natural Sciences in Toronto University, 1862, and took his degree of M.D. from the University a few years later, after obtaining the same degree from Queen's University, Kingston.

In 1902 he was presented with the honorary degree of LL.D. of Toronto, and in 1911 the corresponding honor was accorded him by McGill and Birmingham Universities. He was elected a Fellow of the Royal College of Physicians and Surgeons in 1866. A year later Dr. Reeve began his work as oculist and aurist in Toronto. He was appointed lecturer in ophthalmology and otology in the University of Toronto, and was elected Dean of the Medical Faculty in 1896, resigning from this in 1908.

Dr. Reeve was a member of the Toronto University Council, a member of the Board of Regents, Victoria University; at one time president of the Canadian Medical Association, and was appointed head of the service, eye department, in Toronto General Hospital in 1907. From 1904-7 he was president of

the University Alumni Association, and a delegate to the British Medical Congress in 1910. He was also ex-president of the Academy of Medicine and one of the warmest friends of that institution.

He was buried at Mount Pleasant Cemetery on January 30th, a public service having been held in Convocation Hall, University of Toronto, which was crowded by members of the medical profession, citizens and patients who gathered there to do honor to the memory of one they loved so well.

Book Reviews

Clinical Lectures on Infant Feeding: Boston Methods. By Lewis Webb Hill, M.D., Junior Assistant Visiting Physician, Children's Hospital, Boston. *Chicago Methods* —By Jesse Robert Gerstley, M.D., Instructor in Pediatrics, Northwestern University Medical School, Chicago. Philadelphia and London: W. B. Saunders Company. 1917.

During the past year or so there has been an efflorescence of pediatrical literature; and it certainly ought to fill a long-felt want, because the ignorance of the average practitioner respecting the treatment and prevention of infantile diseases is appalling. And he is not altogether to blame, because he was not taught anything about pediatrics in his pregraduate days, and has been so absorbed in his general work in the treatment of adults that he has given sick children scant attention. And he has not bothered about the recent new books on the subject nor done any post-graduate work in hospitals and clinics for children. This book is the report of a series of clinics given in various towns to groups of doctors by these clever authors. We commend the book.

On the Trail of Stevenson. By Clayton Hamilton. Illustrated by Walter Hale, Garden City. New York: Doubleday, Page & Co. 1916.

Those of our readers who read the article on Stevenson in one of our recent numbers will be glad to know about this beau-

tiful book of Hamilton and Hale. One is taken to many of Stevenson's haunts and homes, and devours avariciously every word respecting them and respecting their influence on his incomparable work. Hale's pictures are gems, carrying you from Auld Reekie and its environs to Leicester Square (of the Suicide Club); to a romantic road in the Cevennes, through which R. L. S. travelled with Modestine, sleeping under the stars; to the beautiful Oise, upon which the Arethusa and the cigarette joyously floated in their canoes; and to scores of other enchanting spots which are now doubly endeared to Stevensonian admirers. The paper, typography and binding are quite in keeping with the subject-matter. Every collector of Stevensoniana, and, indeed, every reader who can afford the price, should make a place for this volume on his shelves.

The Spleen and Anemia: Experimental and Clinical Studies. By R. M. Pearce, M.D., Professor of Research Medicine, University of Pennsylvania; with the assistance of E. B. Krumbhaar, M.D., Assistant Professor of Research Medicine, and Charles Harrison Frazier, M.D., Professor of Clinical Surgery. Philadelphia and London: J. B. Lippincott Company.

The studies of these workers go to show that the anemia following splenectomy is most marked in animals on a mixed "table scrap" diet, essentially a cooked diet. Control studies, in which a unilateral nephrectomy precedes splenectomy, demonstrates that the anemia is not due to the operation hemorrhage or the accidents of convalescence, but develops only in the absence of the spleen; food containing a large amount of iron—presumably easily utilizable (raw beef spleen)—administered does not show that the anemia is due to lack of iron in the food; but a raw meat diet—instead of a cooked—to splenectomized animals shows that heat alters some substance which the body cannot utilize in the absence of the spleen. Further experiments showed that splenectomized dogs show less tendency to jaundice and usually to albuminuria than do the normal dogs with corresponding doses of hemolytic serum. It would appear from other studies that during the first two weeks after splenectomy some,

but not all, dogs show a slight increase in the output of iron, but that at one month, nine months, and twenty months after splenectomy, there is no indication of increased iron output. Such are some of the studies.

The authors report, as a summary of results of splenectomy in pernicious anemia, that:—

(1) Of 153 patients, 19.6 per cent. died within six weeks; 64.7 per cent. distinctly improved, and 15.7 per cent. showed no improvement.

(2) That the high mortality may be due to poor choice of cases.

(3) Of the individuals who showed improvement shortly after operation a large number relapsed.

(4) Although a few continued well for two years, in no case was a cure effected; so never should a cure be promised.

Clinical Medicine for Nurses. By Paul H. Ringer, A.B., M.D., member of Staff of the Asheville Mission Hospital, Asheville, N.C.; and of Biltmore Hospital, Biltmore, N.C. Illustrated. Philadelphia: F. A. Davis Company, publishers. English depot: Stanley Phillips, London. 1918.

In this book the first three chapters are on Fever, Food and Nutrition and The Circulation, leading up to a concise study of medical diseases. The discussion of each disease is very clear, the etiology, symptoms, complications and treatments being well tabulated. Those diseases in which food plays an important part are discussed in such a way as to make plain the reasons for the dietary rules which follow. The remarks about observing and recognizing certain symptoms and conditions can be readily comprehended. A few more illustrations would make the book more valuable; but it should be of considerable help to nurses, especially to those of the smaller training schools, which are not affiliated with the larger teaching centres.

THE FOOD VALUE OF CANDY

All down the past centuries the human race has adopted such combinations of foods as best nourished the body. This was done long before there was a chemistry or physiology of food. Yes, long before the first chemist or physiologist was born. As the result of instinct, guided by experience, mankind had been consuming large amounts of sugar foods, or other foods that in the process of digestion are converted into sugars. These sugars or their equivalents were obtained from the juices of plants, or from various substances that were put through some process which changed them into sweet-tasting, relishable and nutritious foods.

The carbohydrate group of foods contain carbon, oxygen and hydrogen in varying proportions. Sugars may be divided into the following groups:—

1. Sucroses, or disaccharids, such as cane sugar, beet sugar, maple sugar and malt sugar.

2. Glucoses, or mono-saccharids, such as grape sugar (dextrose), fruit sugar (levulose), and corn syrup.

3. Invert sugar, such as honey, which is one of the forms in which the earliest use of sugar is recorded.

It must be remembered that the large amount of starch consumed as food must be converted into glucose or dextrose sugar before it can be made use of in the body. It has been stated by eminent authorities on foods that about one-quarter pound of sugar per twenty-four hours is the maximum amount required by an adult. If more than this be consumed, the extra amount will be excreted by the kidneys. This would be about ninety pounds of sugar per annum. Children can assimilate more sugar than adults because of their relatively active muscular energy and relatively large body surface for losing heat in proportion to their size. They do not, as a rule, care for fat meat, and prefer sweets as a natural substitute.

It has now been established by chemists and physiologists that, if sugar be not taken as a food, the digestive organs make it out of other elements in the food. Such diets as potatoes, bread, cornmeal, arrowroot, sago and rice are very rich in starch, which yield in digestion maltose, then glycogen, and finally the sugar that feeds the body. The healthy adult working

hard requires daily nearly 2,000 grains of nitrogenous foods, about 750 grains of fats, and about 6,000 grains of carbohydrates, made up of starches and sugars.

Candies are among the attractive and useful forms in which sugar is used as a food. They contain large quantities of cane sugar, with frequently some fats, such as butter, nuts and fruits, corn syrup, starch, chocolate and flavoring. All of these elements are useful foods. Nuts and fruits are recognized as yielding a good percentage of proteid nitrogenous material, which is one of the absolute essentials in body building and nutrition. The fat is also a proper constituent in every dietary. Corn syrup is but another form of sugar, as has been aforestated.

Starch found in exceedingly small quantities in good candy is also converted into sugar in process of digestion. Chocolate is a most nourishing fat food and a delightful stimulant, especially valuable in cases of extreme fatigue or exposure. The flavorings are stimulants to the digestive organs, and increase the flow of saliva, gastric fluid, pancreatic secretion, and the action of the intestinal glands.

There is a rather widespread notion that eating candy injures the teeth. There is not the least scientific foundation for this opinion. The lack of sugar is much more likely to injure the teeth, through impaired nutrition, than even its excessive use is liable to do by any digestive troubles which might result from such overuse.

In like manner there is very little foundation for the common opinion that the consumption of candies causes diabetes. It is true that the abuse of sugars may produce a mild form of temporary diabetes, which disappears on the proper regulation of the diet. This form of diabetes is quite rare and unimportant. The excessive ingestion of any other food will cause derangement of health also. It is very doubtful if the use of candy, in any form, ever causes a case of true diabetes.

Statistics show that the annual per capita use of sugar in Canada and the United States is about eighty-four pounds. That of Britain, before the war, was about ninety pounds, though the latter figure does not represent the consumption of Britain itself, as a certain percentage of the sugar used in the country was exported to other countries in the form of sweet

goods. This would give such large consumption figures per year as:

Canada	314,000 tons.
United States	3,954,187 tons.

This gives some idea of the importance of sugar and sugar products as food. The amount of sugar which each individual requires, indeed must have, may be taken partly in beverages, with fruits, with cereals, as a dessert, as jam or preserves, or as candy. The housewives are making fruit candies when they put down jams the ingredients of which are some fruit and cane sugar. Such fruit candies, however, lack the other valuable materials which are incorporated in candies as produced by our Canadian manufacturers, and therefore are not so well balanced from a dietetic standpoint.

In candy, as a food, the essentials are the selection of good material, that the preparation should be well done, and that the product be properly kept in the sales shops. These are the same essentials one expects in the preparation of any other article of food; and apply to bread as much as they do to candy. Good flour, good baking and good keeping will ensure good bread. Good material, good making and good keeping will guarantee good candy. These conditions being assumed, then candies are among our most valuable foods, particularly so as foods for the young, whose instincts have guided them correctly in their fondness for sweets of all kinds.

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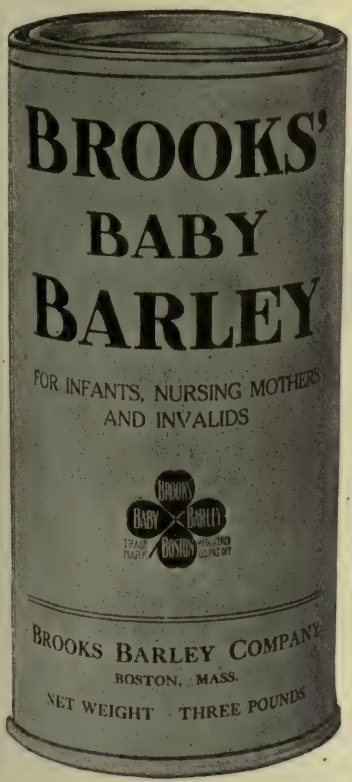
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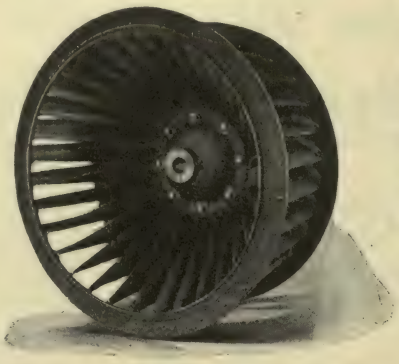


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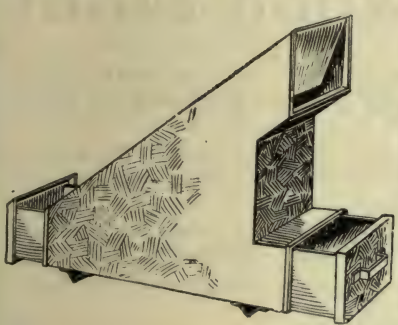
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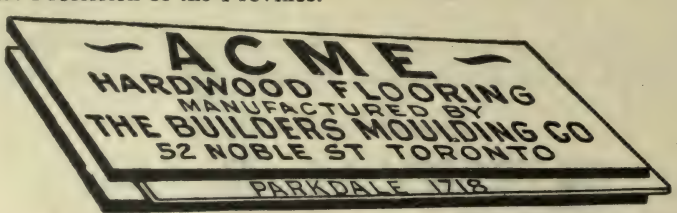
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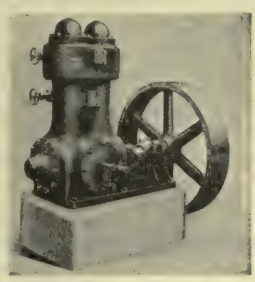
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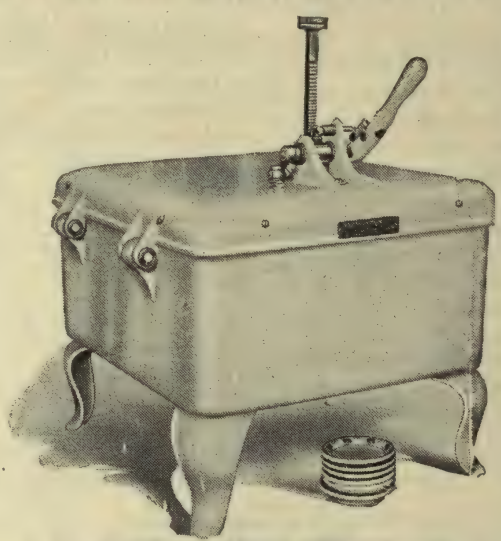
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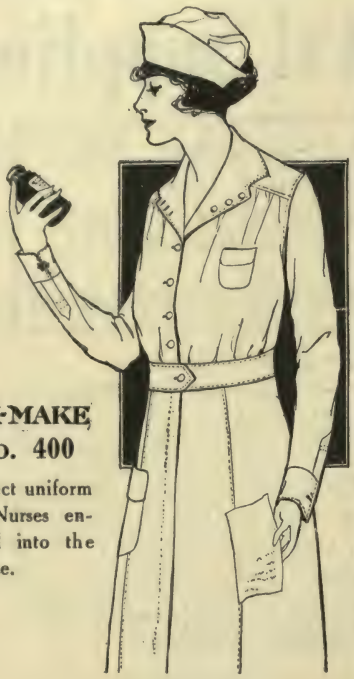
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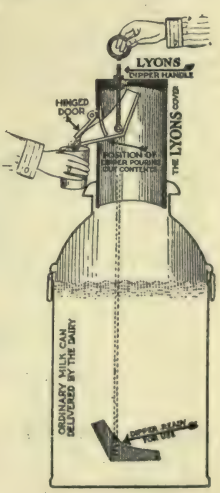
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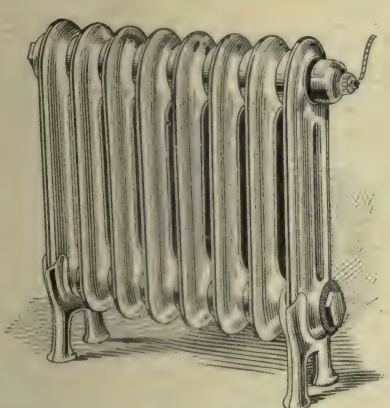
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THE HOSPITAL WORLD

Vol. XV Toronto, April, 1919 No. 4

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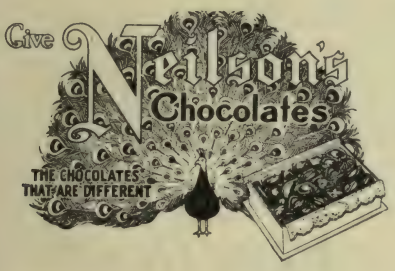
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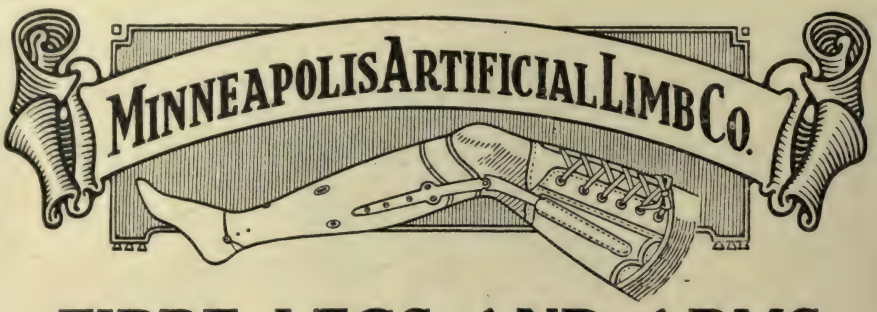
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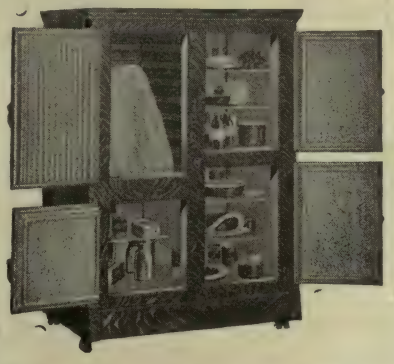
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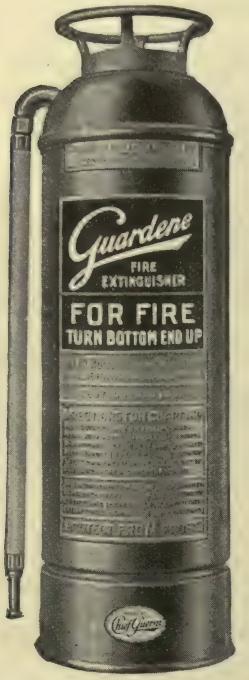
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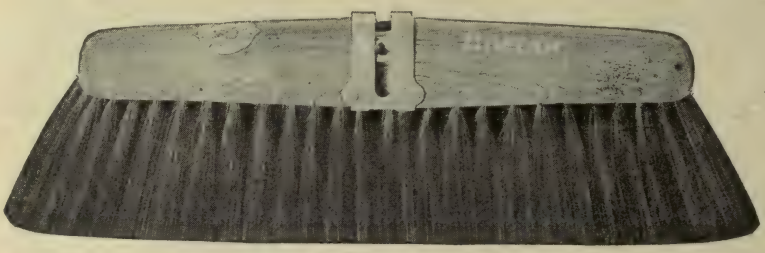
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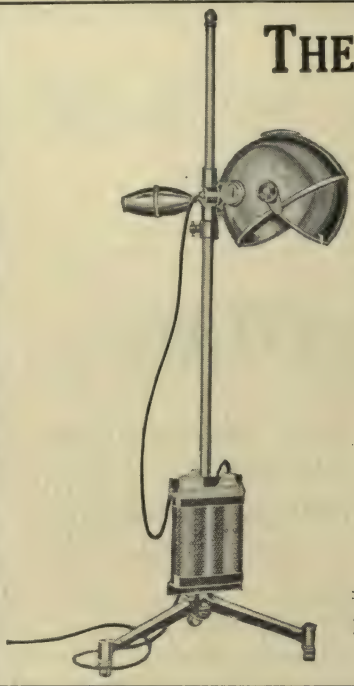
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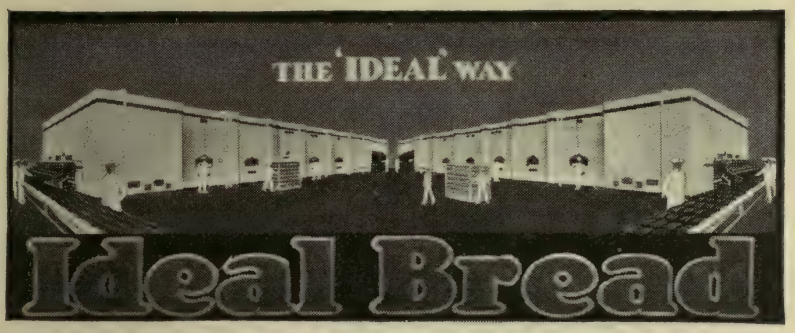
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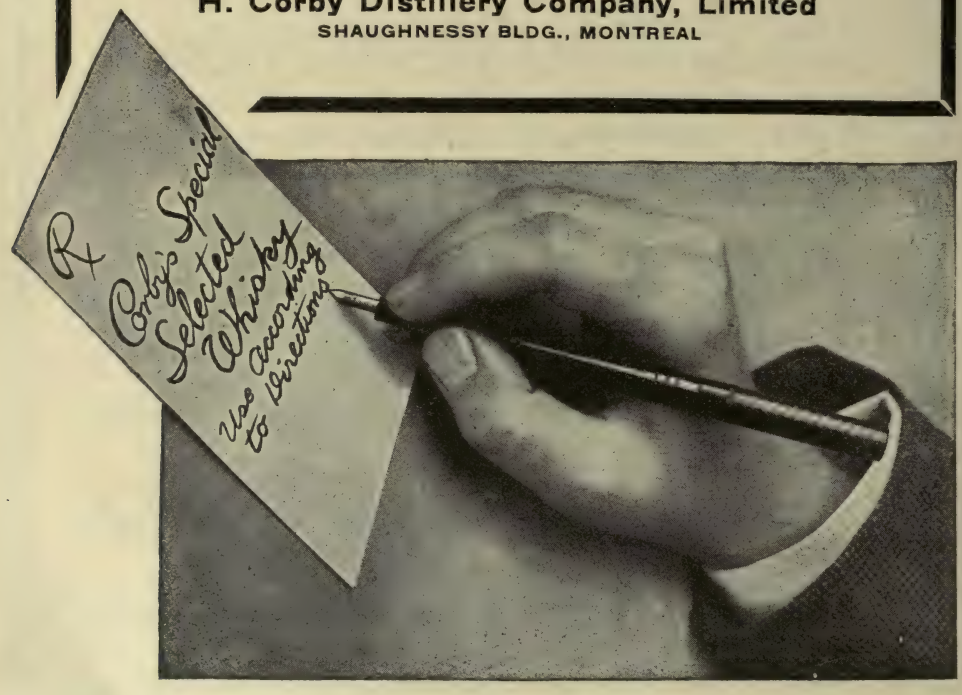
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The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums, and Public Charitable Institutions throughout the British Empire.

Vol. XV. TORONTO, APRIL, 1919 No. 4

Editorials

SANITARIA FOR THE TUBERCULOUS SOLDIER

THERE is no doubt that many recruits were accepted by the army who had latent or occult tubercular lesions, which, through the strain of war, developed into active distributing foci, setting up marked pulmonary trouble. Besides, the propinquity of men in barracks and camp has tended to spread the disease. Canada is now confronted with the problem of caring for hundreds of returned tubercular soldiers. They are being cared for at home, in hospitals and in sanitaria. The curable cases can best be taken care of in the institutions where nursing and medical supervision can constantly be given. These patients should preferably be within fairly easy reach of their relatives, in order that their loneliness may not be so great. This is one means of quieting their minds —an element not to be overlooked in the therapeusis. The authorities recommend that these patients ought

to be kept at rest in bed until all pyrexia has disappeared. They should then be given exercise—preferably the performance of some useful work. The next step would appear to be—for selected cases—segregation in a colony. There are four such colonies in Great Britain. This colony life bridges the hiatus between the sanitarium and the home, and may be a more or less permanent abode for those without homes. Here useful outdoor occupations are followed. One in Scotland is devoted wholly to farming. Isn't it time a colony was started in Canada?

For the advanced and incurable cases provision must be made in hospitals and sanitariums, so far as possible. But many of these patients must be taken care of at homes. In sanitaria they ought to be segregated from the incipient cases. Every hospital in the land ought to have separate wards for these cases—a ward or wards for males and separate provision for females. For the patients who are treated in their homes—advanced or early—nurses who understand the care and management of consumptives should pay regular bi-weekly or weekly visits to them to see that medical instructions are being properly carried out, in respect to rest, food, fresh air, proper disposal of sputum and excreta. The family physician or health officer should also make weekly or monthly visits to check up the nurse, to buoy up the patient, and to keep a close watch on other members of the family.

GONORRHEA

THE sequelæ of war are famine and pestilence. One form of the latter will be gonorrhea. "Mary, pity woman." So our profession will require to know how to treat this disease in both sexes.

Gonorrhea in the male has been the subject of several papers lately appearing in some of our exchanges.

Zigler, of New York, contributes an article on the subject in a recent number of the *Medical Record.* He places stress on making quite sure (in chronic cases) that the patient is suffering from a Neisser infection, and not from a form of uro-genital tuberculosis, or an infection from the colon bacillus. The story of the onset is characteristic, and the microscope will reveal the stained gonococcus.

In the acute stages, the patient should be advised to use, thrice daily, a 3 per cent. solution of argyrol as an injection into the anterior urethra, retaining the same from one to three minutes, depending on the sensitiveness of the mucous membrane. Every other day the physician is recommended to inject a 5 per cent. solution of argyrol through a Bangs' syringe sound.

The strength of the argyrol is gradually increased to a strength of 20 per cent. As the discharge loses its thick, purulent character and becomes serous and shreddy, an injection of zinc oxide and zinc chloride —a grain and a half of each to two ounces of water, is advised, alternated with the argyrol—used once a

day at first in place of one of the argyrol injections; then twice daily, instead of the argyrol, and, finally, altogether instead of the argyrol, in increasing strengths, up to two grains of each of the zinc salts to the two ounces of water. The number of injections is then diminished gradually.

Ten grains each of the acetate, citrate and bitartrate of potash in water may be administered internally.

Zigler follows by a description of how he handles the chronic form of the disease. He maintains the chronic cases result from under-treatment or over-treatment. He makes a careful examination of the urine, voided in three separate vessels during the progress of the investigation. He makes a careful inspection and palpation of the whole urethra, palpates the prostate and vesiculi semmales, testis, cord, and investigates the meatus and the interior of the urethra with probe or sound or urethroscope, searching for bands, pouches, constrictions or granulation tissue, and treating accordingly. Where an injection is indicated he uses silver nitrate in strengths varying from 1-2000 to 1-100. In the treatment of the chronic form he is conservative.

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Original Contributions

HOSPITAL LIFE

By J. N. E. Brown, M.B., Toronto.

Last month we said something about the spirit which dominates every hospital. Since then we have read "Hospital Life," found in *Confessio-Medici,* in which the clever author says: "Great hospitals are somethings, with their schools are something more than blocks of buildings where patients are doctored, and students and nurses are taught. I do believe in the spirit of a place. To me, the *genius loci* is really there: and the *Religio Discipali,* the student's obedience to the spirit of hospital life is a very important part of his education." Paget, the author, we believe, of the Confessions, goes on to say it is strange that in modern London the *genius loci* still survives as an object of worship: that there, at the heart of the Empire, a religion lingers which may fairly be called primitive; that it bears traces of tribal origin; and that each hospital has its local deity, whose votaries deride the gods of other hospitals as idols, but offer at their own shrine gifts and sacrifices, especially on the first of October. The ritual on such occasions is frankly pagan. What gifts are presented and accepted. For there are sacrifices which are not wanted—which might as well be left outside the precincts—and worthless promises. The meekest priest of the shrine may be able to assist the little crowd of worshippers, praising one, rebuking another, advising a third, and always on the lookout for such as are likely, by the excellence of their gifts and the importunity of their devotion, to become priests like himself. What gifts of heart and mind, Paget asks, ought a student to bring to the service of his hospital? Those which come of a good disposition, a good home and a good public school. He should have reverence and a fair liking for work, and a certain simplicity or directness of thought; should know Latin, and a manageable quantity of general facts, and should be resolute,

in company, and even against company to say the right thing and take the right side. He should have one more gift, a sufficient age. It is well for him if he can learn his preliminary sciences at the university, and there to obtain his degree. What is the value to a medical student in London of a previous existence at Cambridge or Oxford? A medical student who has been at one of these places has gained not only knowledge, but other accomplishments, which evade the coarse test of examination, but are of great value to him in hospital life and afterwards in practice. An old university is a system of impressions, tones and influences. It exercises on all faithful undergraduates the magic of beautiful buildings, immemorial traditions and immortal names; it sets them living and moving in a wonderful city, where philosophers, poets, statesmen, scholars and critics have lived and moved; it shows them, for the asking, the true ways of religion, friendship, logic, athletics, courtesy and self-judgment. Henceforth they are of the world's elect: for they have been where they have been, and there have learned to think and to feel. They give evidence of good style, good form, good taste; something in the clothes, the handwriting, the voice. If they praise a picture, a book, or a piece of music, we had better do the same, and, if they reconcile authorities who seem to us to be opposed, we may be sure that they are right; for they have visions which never come to us, and they wear on their foreheads like a phylactery, the university arms. This belief is doubtless founded on fact, and assuredly is supported by fiction; and is dear to the foolish people who take every university man to be a gentleman, and treat their family doctor as a tradesman.

The preliminary sciences are on the very threshold of the undergraduate's life. Even in his first year he dissects earthworms. So much the better for his future patients; he cannot too soon learn his proper business. But, asks the author, what, after all, is the difference between the university earthworm and any other? *"You at your time of life, what have you to do with forms of thought and points of view? Is there more than the one way for you, the same for all of us, to learn how to use your eyes and your hands? And are not your special*

studies opposed, on principle, to the old magic of your university? He may answer that he has no great respect for the last enchantments of the *Middle Ages,* and that all universities ought to be the centres of modern thought: which is a dreadful phrase on such young lips. Thirty years ago it was the preliminary sciences that were despised, thus the nickname for the whole majestical circle of them was *Stinks,* more shame to Cambridge and Oxford. Thirty years hence, at the present rate—but I only say that not even undergraduates can have everything. If they love their sciences as they ought, they may fail to receive the non-scientific influences of the place."

Paget thinks these influences are of very little use either in hospital life or in practice. There was a time when students from Oxford and Cambridge were taken—not without reason—to be vastly superior to other students; was observed, envied, privileged, marked for distinction. If enough of them honored the hospital there would be a university set. But, with the great and happy increase of the supply of them, and with the University of London crowned and enthroned, and with the rise of many new universities, times are changed, and there are no more talk of sets. Moreover, the young men from Oxford and Cambridge do not find any great difference between other students and themselves, and for two reasons: they do not look for it, and because it is not there. Coming from the university to the hospital, they are freshmen again with new allegiance. They quickly see the new Alma Mater cares not for any traditions but her own, and is averse from all academic or æsthetic modes. She prefers physiology to philosophy, museums to the muses. She is too busy to be interested in their accomplishments, and does not want to *think about thinking and feel about feeling.* To read the daily paper and to get a Sunday walk in the park is all she has time for. As for hearing about poetry, she couldn't dream of such a thing—with so many cases to be dressed and telephones going—though it is all very clever and quite wonderful, what they have learned by heart, and how they can remember so much. Dear, wise, old Alma Mater, most practical, most lovable; they would be very stupid young men if they were not glad to enter your service. Besides, they enjoy the sense of masquerade. To hide

his pride is even more delightful, to a young man, than to air it. Then, at the appropriate moment, like the duke in the opera, he can fling open his mantle, and show on his breast the glittering star of the order of the university. Without regret they bid good-bye to university life, which was so exactly the right thing and the real article, and was enclosed in such a beautiful place. The sudden change shakes them out of themselves, and they do not look for a line between themselves and their fellow-students. Nor would they find it if they looked. He who brings to the hospital the gifts of a good disposition, a good home, and a good public school, is a fair match for him who comes from a University. The Hospital takes us for what we are, not for what we were. Inside its walls, we are all equal—no opportunity for the Cambridge mind and the Oxford mind. These minds are not necessary for Hospital life. To every deserving community, Heaven gives a mind; and provides for its life, a proper setting. This setting—the building and works of art are shewn to every visitor, but to observe its mind, the visitor need not go further than the Hospital garden, that quiet place—no more like the outside world than home is like a music hall. For the genius loci loves the open air; and the Hospital garden is his sacred grove. And it shall be summer-time, with patients lying under the shade of the plane-trees, and nurses bringing tea to them, and students bare-headed, playing tennis, or talking over the day's affairs, or just doing nothing. It may not be much of a garden, but we admire it as an open space, a great well of light and air, a shaft of health sunk into diseased or injured London. This pleasant old-fashioned quadrangle, blessed with sunshine and silence, and an excellent view of the sky, is the centre of the Hospital life; and a visitor, loitering here, will see that we are a brotherhood, and that the patients are our guests.

Every Hospital is a charity; but there is a great difference between charity and hospitality. Those who give money to Hospitals are charitable; we, who spend it, are hospitable, and of course, it is we who get the fun out of the money. And we spend it well, entertaining in good style our innumerable guests.

All of us, staff and students, sisters and nurses, residents, lecturers, and officials work together, keeping open house. . . . .

"I have a dream," continues our author, "within the estate of each great hospital, there is a great College of the University of London, with room for nearly all its students. I cannot see whether the Hospital is still in London or has fled to the country, but I think that it has fled, and has left on its old site a little hospital for accidents and emergencies. At the great Hospital (wherever placed) there is the college, a splendid range of buildings, worthy of a University of London, with chapel, hall, common rooms, library, swimming-bath, gymnasium, all perfect. The residential life, the sense of attachment, are part of the secret of the old universities, and we no less, desire that our life should have that setting which it deserves.

"Will anybody say that the *genius loci* is all nonsense, and that a great hospital is only a big machine? My answer is, that I know what I am talking about. Sickness, as Lucretius says of impending death, shows us things as they are; the mask is torn off, the facts remain. That is the spiritual method of the hospital; it makes use of sickness to show us things as they are. This delicate word, *sickness,* includes drink, the contagious diseases, infant mortality, starvation, the sweating system, the immigrant alien, dangerous trades, insanity, childbirth, heredity, attempted suicide, accidents, assaults, and all the innumerable adventures tragical and comical, which end in the casualty department. To a young man, tried of the preliminary sciences, and of humanity stated in terms of antomy and physiology to the satisfaction of the examiners this plunge into the actual blood of lives is a fine experience. Hitherto, he has learned organisms; now he begins to learn lives. He need not go like other young men, for that lesson, to the slums, for they come to him, and that thrilling drama *How the Poor Live*, is played to him daily, by the entire company, heroine, villain, and victim, comic relief, scenic effects, and a great crowd of supers at the back of the stage—undesired babies, weedy little boys and girls, Hooligans, consumptive workpeople, unintelligible foreigners, voluble ladies, old folk of diverse temperaments, and many, too many, more comfortable but not more

interesting people. It all happens so naturally, with such a quick and sure touch; the reality of the day's work, the primal meaning of the crowd, the clash of hand-to-hand encounter with disease and injuries, urge him to unexpected uses of himself. Here are the very people of the streets, whom he passes every day, here they are coming to him for help, to him of all men, telling him all about it, how it happened, what it feels like, why they did it; looking to him, right away for advice and physic. They are no two of them quite alike; and their records, laid before him, range through every intermediate shade from purest white to a nauseating black. He begins to see that he has more to learn than the use of a stethoscope; he must learn lives. The problem of lives exalted, or sunk, or messed away, knocks at his heart. Let other young men write lurid little books, and tear the veil from the obvious, and be proud of the achievement. What are they to him, who entertains daily, as a matter of course, both Hell and Heaven?.....

At times London seems rotten with contagious diseases and sodden with drink, a city as gross and vulgar as Rome under Nero; and down with a crash come Faith, Hope, and Charity, and he reads the universe as a bad job, and half wonders what is the good, in such a world, of being good. That is the shock of collision with things as they are, and you may hear him quoting, *Hell was a city very much like London.* But the bright side, the courage and patience of the majority of his guests, their courtesy, their honor, their humor, are always before him, which may help him to set up again, on stronger pedestals, these three.

He works under the guidance of his seniors, and refers some of his perplexities, but not all, to them, and is but a point in a system. He cannot feed the hungry, but he can give them cod liver oil, and, if the hospital can afford it, for out-patients, maltine, and he knows how to get at the Samaritan Fund. He cannot clothe the naked, but he can tell the drunkards not to drink the shirts of their backs. Poor himself, he enjoys the exercise of hospitality, and his alms and kind acts are of singular felicity. His acquaintance with his guests is off-hand, but fairly accurate so far as it goes. He has wide generic names for them, Polly, Tommy, Granny, Daddy and for the immigrant

alien, the vague title of Abraham. Not all deserve his compassion, and it is his duty to tell some what he thinks of them, for he sees parents dead drunk, girls beaten by the men who live on their shame, and children dying of neglect. He is bound to rage, not grin over such cases. But if he rages, it is to good purpose, if he chaffs it is taken in good part; and the voluble lady, sipping his well-meant pint of mild tonic on the hospital steps, calls him a nice, young chap, and advises the neighborhood to be sure they have him next time they go there.

In the wards, where quiet and order reign, he has further opportunities for insight, and for more deliberate observation. He learns with higher exactness, to trust and distrust himself, to be slow to find fault with other men and quick to help them. He becomes acquainted with heavy responsibility, with the full bitterness of a bad mistake, the full delight of pulling people out of death's way. He begins to be able to read characters, and to see, by the scars on the lives allotted to his care, what havoc we make of our chances.

Finally, if he obtains, when he is qualified, the office of house-physician or a house-surgeon, he has a time, so happy, so rich in friendship, advancement and experience, that he hates the day when he must say good-bye to the hospital. *Deus in medio ejus,* says he; now *commore-bitur.* Years ago he brought his gifts to the shrine, and they were accepted, and the spirit of the place has approved his long and faithful service.

Contrast, with these crowded years, the narrow outlook and bookish studies of young men reading for the bar, or for the civil service, who have no hospital, and entertain nobody. Or look away, from the sleepless energy of a great hospital, to the emptiness of the city after office hours, and the wastes of South Kensington from Saturday to Monday. There is not one profession that we need envy, for there is none that gives to its students such a good introduction to things as they are.

I have attributed to my imaginary student a more emotional temperament than the public admires in its doctors; for I wanted to say, as clearly as I could, that a great hospital is something more than a big machine. All the same, the public is right. Emotional students do not make successful practitioners. *A man of sentiment*: *well, there is nothing so noble as a man*

of sentiment, says Sir Peter Teazle. Then, down comes the screen, and he changes his mind. *If you have any regard for me, never let me hear you utter anything like a sentiment.* So says the public, when it is ill, really ill, to the practitioner.

Now that I have mentioned the practitioner, I must end and sum up this discourse *de Religione Discipuli.* Every student ought to bring to the service of his hospital the gifts of a good disposition, a good home, and a good public school. He need not bring gifts which will hardly be wanted: the spirit of the place is a rustic deity, caring little for elaborate offerings. He should love the hospital life; remembering that it is likely to be changed. Tribal worship, rival shrines, and all such paganism, must reckon with the University of London, whose faith hath centre everywhere. Already in the teaching of the threshold sciences this change is beginning, and the time may come when it shall be said, on behalf of the medical education, that even for clinical teaching the hospitals of London ought to work together, abandon competition, break their distinctive idols, throw open their sacred groves, and pool their patients. That would be a new version of the story of Bethesda; and the waters of that pool would indeed be troubled. A hospital patient has no desire to be associated with anybody but his own. He likes the off-hand, homely, old-fashioned kindliness of a good hospital; he makes a friend or two, and keeps them. Of us, who entertain him, it may be for a day, it may be for months, he is of opinion that we are a very decent lot, especially Sister. He does not always admire us all: but he would not care to be run by the London County Council, or by the Labor Party; and I agree with him. In medical education let us welcome loyally any change that will help us to do more for our patients: but let us hold fast to the unity of hospital life, and to our bounden duty to the spirit of the place.

Society Proceedings

THE BRITISH HOSPITAL ASSOCIATION

BY MR. CONRAD THIES, FORMERLY SECRETARY OF THE ROYAL FREE HOSPITAL, LONDON.

When I was invited to once more address the members of your Association I hesitated to accede to the suggestion, because I consider that when a man has arrived at the three score years and ten, which the Psalmist allotted as the limit of useful work, it is time for him to take a back seat, and make way for younger and probably more up-to-date men. However, on second thoughts I decided to accept your kind invitation, partly, because I wished to prove that I have not lost interest in your useful Association, in the earlier meetings of which I took an active part, and I also desired to show my appreciation of your present president, Mr. Roberts, with whom I have had the pleasure of being associated in hospital work for so many years past. In these circumstances, I venture to ask your attention to some aspects of the work of the voluntary hospitals and the remarkable developments which have taken place during the past thirty-two years, since I first took up hospital administrative work. I may state that after serving for some twenty-three years with a large firm in the City, I was appointed secretary of the Royal Free Hospital in the year 1887. My main reason in applying for this post was my interest in social welfare work, and more especially in the cause of the medical education of women, to whom the Royal Free Hospital had then recently opened its doors for the clinical instruction of women medical students.

In consequence of my not having been previously connected with hospital work, I found upon entering on my new duties that I was confronted with many novel and difficult problems, in the solution of which I did not receive willing assistance from my clerk (who had indeed been a competitor for the

secretarial post). I also at first experienced some reluctance on the part of other hospital secretaries to answer enquiries, or to furnish information, for at that period there was very little disposition on the part of hospital officers generally to co-operate with and help each other. Not long after taking up my appointment, I received a friendly letter from the late Dr. Steele, the superintendent of Guy's Hospital, inviting me to dine with him. He informed me that having been a friend of my predecessor at "The Royal Free" he wished to make my acquaintance, and he very kindly offered to give me any assistance in his power, and he also nominated me as a member of "The Hospital Officers Club." This brought me into friendly social relations with other secretaries, which I found greatly facilitated my work. I mention these personal incidents because it illustrates the attitude of hospital officials to each other at that period.

It is satisfactory to be able to record that a great change for the better in this respect has taken place in recent years. This improvement has largely resulted from the increased opportunities for friendly intercourse which has been afforded by various organizations; for instance, *The Hospital Officers Club,* which was started in 1875 and served a very useful purpose; but its sphere of usefulness was limited, because its membership was too exclusive, being restricted to the principal administrative officers, and its meetings were almost entirely of a social character. When I was president of this Club, I made an effort to extend its usefulness, by arranging for special meetings for the purpose of discussing hospital problems, but this departure was not encouraged.

The Hospital Association, which was founded in 1884, also did good work for many years by organizing meetings for the discussion of hospital problems, but gradually lost its vitality, until it was revived and entirely reconstituted in 1910, as the British Hospitals Association. In the previous year I had paid a visit to Canada and the United States, as a member of the British Association, which met that year at Winnipeg. I visited many hospitals from the Atlantic to the Pacific, and learned something of the work and methods both of the American and the Canadian hospital associations. *The*

British Hospitals Association was organized on somewhat similar lines, its principal object being to arrange annual conference in provincial centres, and meetings were accordingly held in Glasgow, Birmingham, Manchester, Newcastle and Oxford.

The war has interfered with this part of its operations, but during the past four years various conferences have been held in London, where several important questions affecting the voluntary hospitals, arising out of war conditions, have been considered. I think that this Association may claim that it has served a most useful purpose and has amply justified its existence. It now has over 400 members.

In reference to your own Association, which came into existence in 1902, for the purpose of bringing together all classes of hospital workers, for whom no means of intercourse and co-operation had previously been provided, I may remark that from the first it enlisted my sympathy. I have contributed several papers at its meetings and in 1906 had the honour of being your president. I need only therefore express my high appreciation of your good work and wish you continued success in the future.

It must be borne in mind that the voluntary hospitals have been founded on individualistic principles. Of those which have been founded during the past century some were established to meet the requirements of a medical school, such, for instance, as University College and King's College Hospitals, while others were founded by doctors or philanthropic persons in order to provide for the needs of a district or some special class of patients.

My old hospital, "The Royal Free," was founded in 1828, as a protest against the then universal custom of requiring letters of recommendation from a governor or subscriber before a patient could be treated at a hospital. The hospitals were, in fact, institutions which competed with each other for funds, also for their medical staffs, students and nurses, and even in some respects for patients, and there was little or no attempt at co-operation. Another feature of the voluntary hospitals is their unequal distribution, the greater number being crowded together in the central districts, in order to

meet the convenience both of patients and their medical staffs. With the rapid growth of the suburban population, the inconvenience of this arrangement has been made evident, and we now see a tendency towards decentralisation—as for instance in the recent removal of King's College Hospital to Denmark Hill.

There is no public authority which has power to prevent the opening of new hospitals, although the King's Hospital Fund wields the power of the purse in this respect. I venture to express the opinion that no hospital, or indeed any charitable institution, which solicits money from the public, should be permitted to do so without having previously received a license for this purpose from some duly qualified authority.

This is the only country which has in the past left the care of the sick to voluntary institutions, and until recent years there was little public provision for the treatment of the sick; the larger number of poor law institutions provided no adequate accommodation for the sick poor, and there was very little provision for the reception of infectious cases; but, during the last thirty years, great developments have taken place in this respect. At the present time the great poor law infirmaries, which have been built and equipped by the local authorities, are, in many instances, quite model institutions; while the palatial hospitals provided by the Metropolitan Asylums Board receive patients from all classes of the community. It is not generally realized how large a proportion of the existing accommodation for the sick is now supplied and paid for out of Public Funds. These rate-supported institutions provide less than four-fifths of the total number of beds which are to-day available in London. It is, I think, quite evident that ample provision is now made for the treatment of the *poorest* classes, and it must be borne in mind that the voluntary hospitals are also being largely subsidised by grants from public funds for the treatment of special diseases, such as tuberculosis and venereal cases, maternity, school children, etc. The great need to-day is the provision of hospital accommodation for the large middle-class, who are both able and willing to contribute according to their means towards the cost of their treatment, but, quite unable to bear

the heavy expenses of serious illness, especially where such illness involves operations and skilled nursing. The result is that a large number of beds in the voluntary hospitals are always occupied by persons who have no justification for being the recipients of charity, the accommodation, which is at present provided for paying patients, being very inadequate. In the British Colonies and the United States, which I have visited, I found that this problem had been to some extent solved by the establishment of hospitals, either wholly supported or subsidised by the municipalities or government, and into these hospitals all classes of persons are admitted upon payment of charges proportioned to their means. In an address to the British Hospitals Association Professor Osler (the Regius Professor of Medicine of Oxford University) referred to this subject and said, "I want to plead for the poor rich, who support the hospitals, but who do not get nearly as much out of the hospitals as they ought," and he added, "I am a great believer in pay wards, for there is no place where patients receive the same care as in these hospitals."

Mr. Roberts has told you of the work of the almoners at St. Thomas' Hospital, and it may interest you to know how this new department of hospital work originated. I found, shortly after my appointment to the Royal Free Hospital, that frequent discussions and correspondence in the Press took place in reference to the subject of so-called hospital abuse, and on several occasions reference was made to an inquiry which had been carried out at the Royal Free Hospital some fifteen years previously by the Charity Organization Society, respecting the circumstances of persons attending the out-patients' department. This inquiry showed that a proportion of these persons were not really suitable applicants for charitable relief. As I considered that these references were prejudicial to the Royal Free Hospital, I persuaded my committee to institute another inquiry; in 1890 arrangements were accordingly made for this purpose, and the first lady almoner trained by the C.O.S. was appointed, as an experiment, the expense being generously defrayed for some time by the late Mr. Mocatta, and the results were so satisfactory that it was decided two years later to continue the

work on a permanent basis. Many lady almoners have since been trained and are now working at other hospitals.

I have already mentioned the subject of hospital abuse, and I may say that this has been a perennial problem for hospital administrators. Numerous conferences have been held to deal with it, without I think, any satisfactory solution. I am personally of opinion that the medical staffs are mainly responsible for whatever "abuse" exists, especially as regards patients admitted into the wards for treatment. As a result of frequent agitations on this question, mainly organized by the Charity Organization Society and the British Medical Association, an exhaustive inquiry respecting the work of the London Hospitals was made by a committee of the House of Lords, under the chairmanship of Lord Sandhurst. This committee sat for three years, from 1890 to 1892, and issued an elaborate report which exonerated the hospitals from the charges of serious abuse, but made various recommendations, the principal one being "the desirability of more co-operation between hospitals," and urging the formation of a "Central Hospital Board." The Central Hospital Council was accordingly formed; at first it only included representatives of the twelve general hospitals with medical schools, but it ultimately extended its membership to some of the larger general and special hospitals; apparently this Council served a really useful purpose, and gradually died of inanition.

I feel that I ought to make some reference to this subject. In the year 1891 a meeting of the Hospital Sunday Fund was held at the Mansion House, when reference was made to the difficulty of comparing the cost of maintenance at the various hospitals, owing to the want of any uniformity in their methods of publishing their accounts, and a committee of hospital secretaries was then appointed to draw up a form of income and expenditure account, also an index of classification; and this uniform system was ultimately generally adopted by the hospitals of London.

(*To be continued*)



ONE OF THE BRIGHT WARDS IN THE NEW MILITARY ORTHOPEDIC HOSPITAL, CHRISTIE STREET, TORONTO

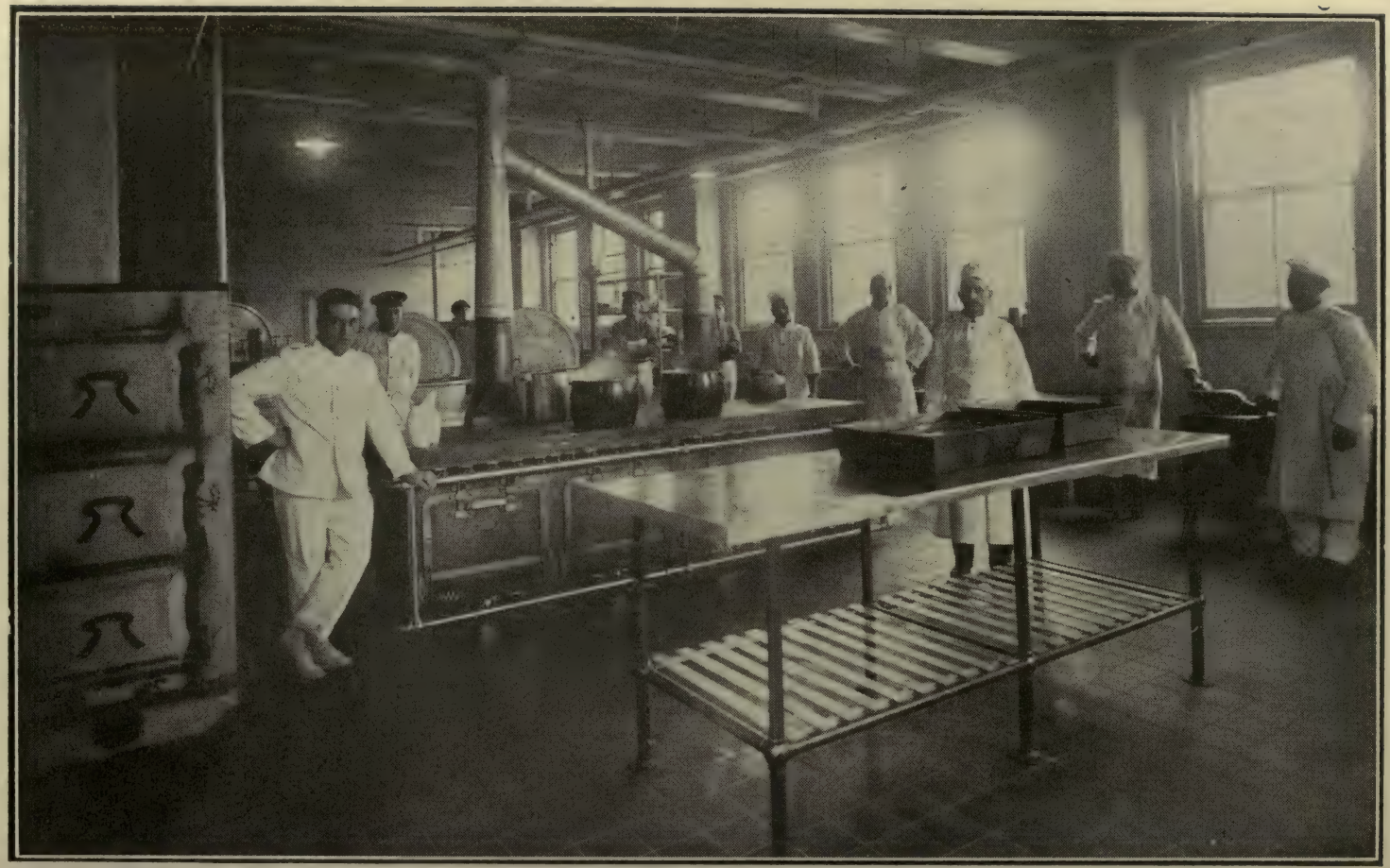
NEW MILITARY ORTHOPEDIC HOSPITAL TORONTO, OPENED

THE new military orthopedic hospital for Canada, situated at the corner of Dupont and Christie Streets, Toronto, was formally opened on March 1st, Sir William Hearst, the Premier of Ontario, officiating. The hospital building is spacious and new in appearance. It was built by the Cash Register, but was given over for its present purposes, and with additions and reconstructions it now presents the appearance of a splendidly equipped hospital, such as one of the speakers declared was second to none on the continent.

The guests were received by Brigadier-General Gunn and Mrs. A. E. Gooderham, superintendent of the women workers in the hospitals. After a short survey of the lower rooms, the guests moved into the gymnasium, which had been converted into an attractive hall capable of holding about eight hundred persons. The platform was generously decorated with flags and palms, and flags and bunting hung at intervals about the walls.

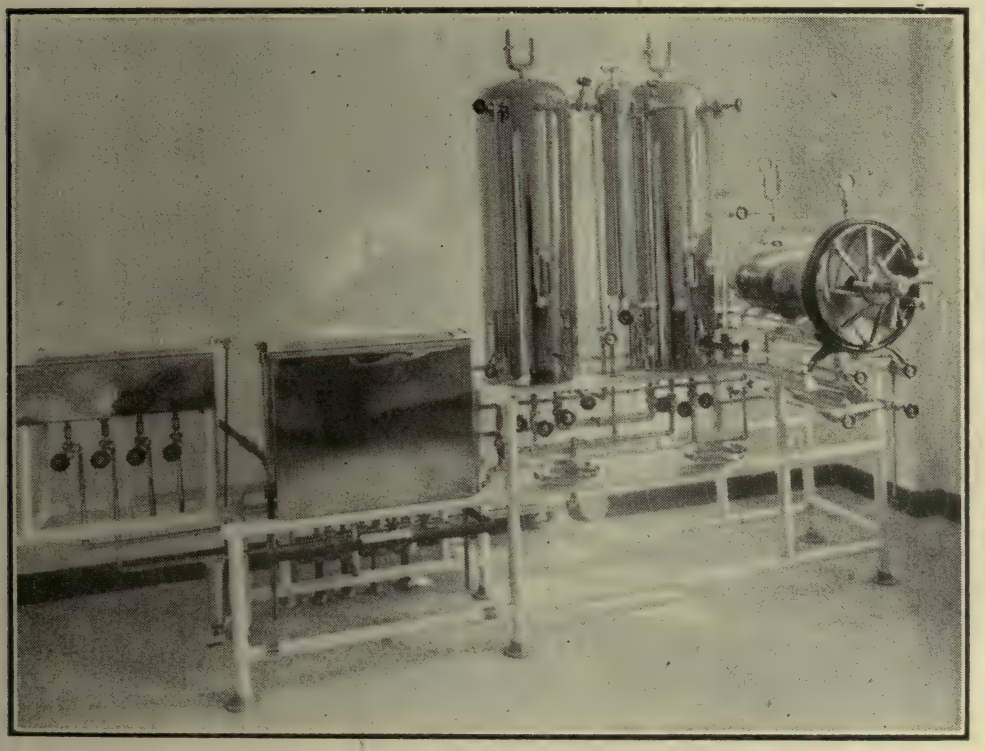
The Premier, who was introduced by General Gunn, said it was to him an unexpected privilege and pleasure to be invited to perform the opening services and to see the splendid hospital which had been created and made operative, and so far as layman could see, seemed suited to every purpose it would be called upon to fill. The very best staff of officers and nurses were wanted for the men in the hospital, and that the very best in the world were here was certain when it is known that the physicians and nurses of the hospital are from Ontario.

It was hard to go over the top, and the men of Canada had measured up to this, said the Premier, but it would be perhaps harder to lie for months, and perhaps for years, as some would have to do here. There was no greater need than to give every service possible to the men. He hoped that many would be



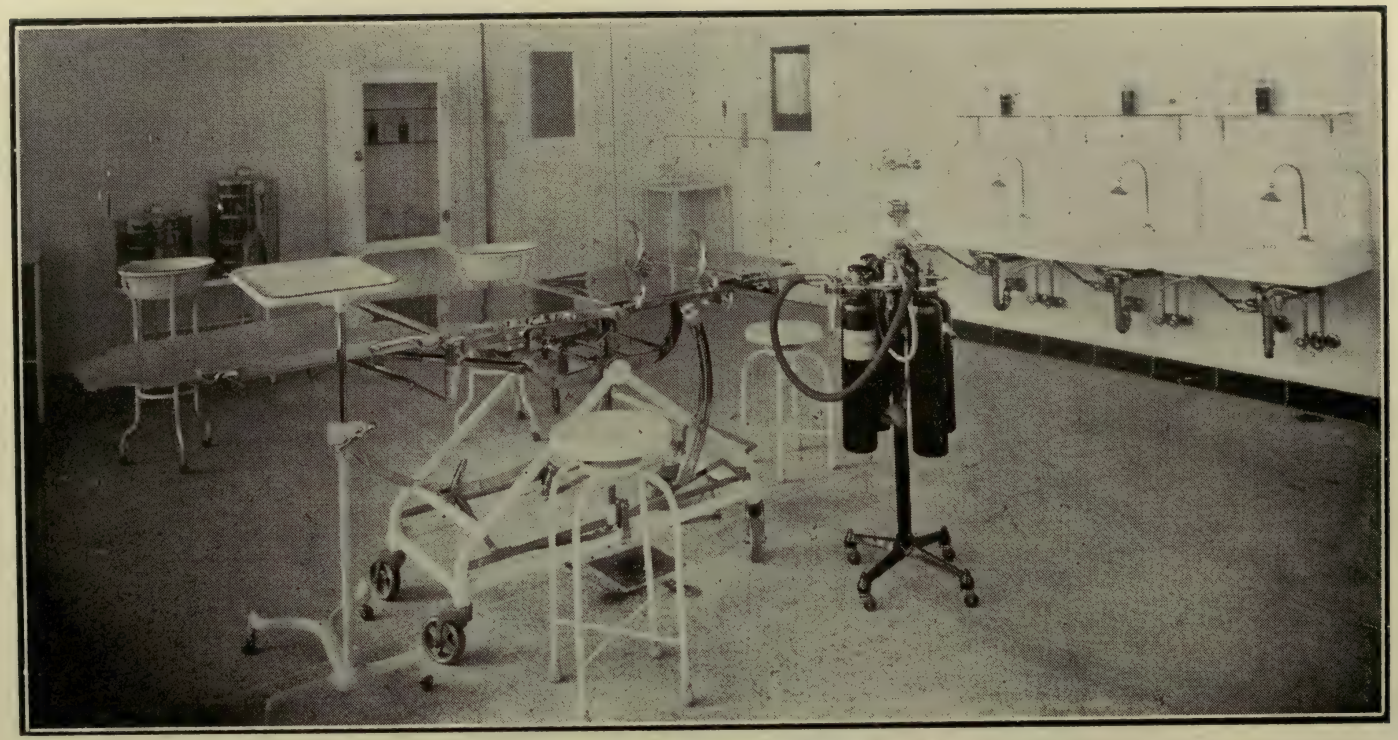
Page 118—Hospital World, April, 1919. THE UP-TO-DATE KITCHEN

knit up again to take part in the battle of life. "In declaring this hospital open," said Sir William, "I hope and pray it will be an influence to make us appreciate the duty we owe the returned men and do something for what they have done for us."



STERILIZER ROOM

On behalf of the Department of Militia and Defence, General Mewburn told something of the work that had been done by surgery and medicine during the war and among the men in Canada. A year ago, he said, provision had been made for hospitals in eleven divisions throughout Canada. He ex-



Page 120—Hospital World, April, 1919.

THE OPERATING ROOM

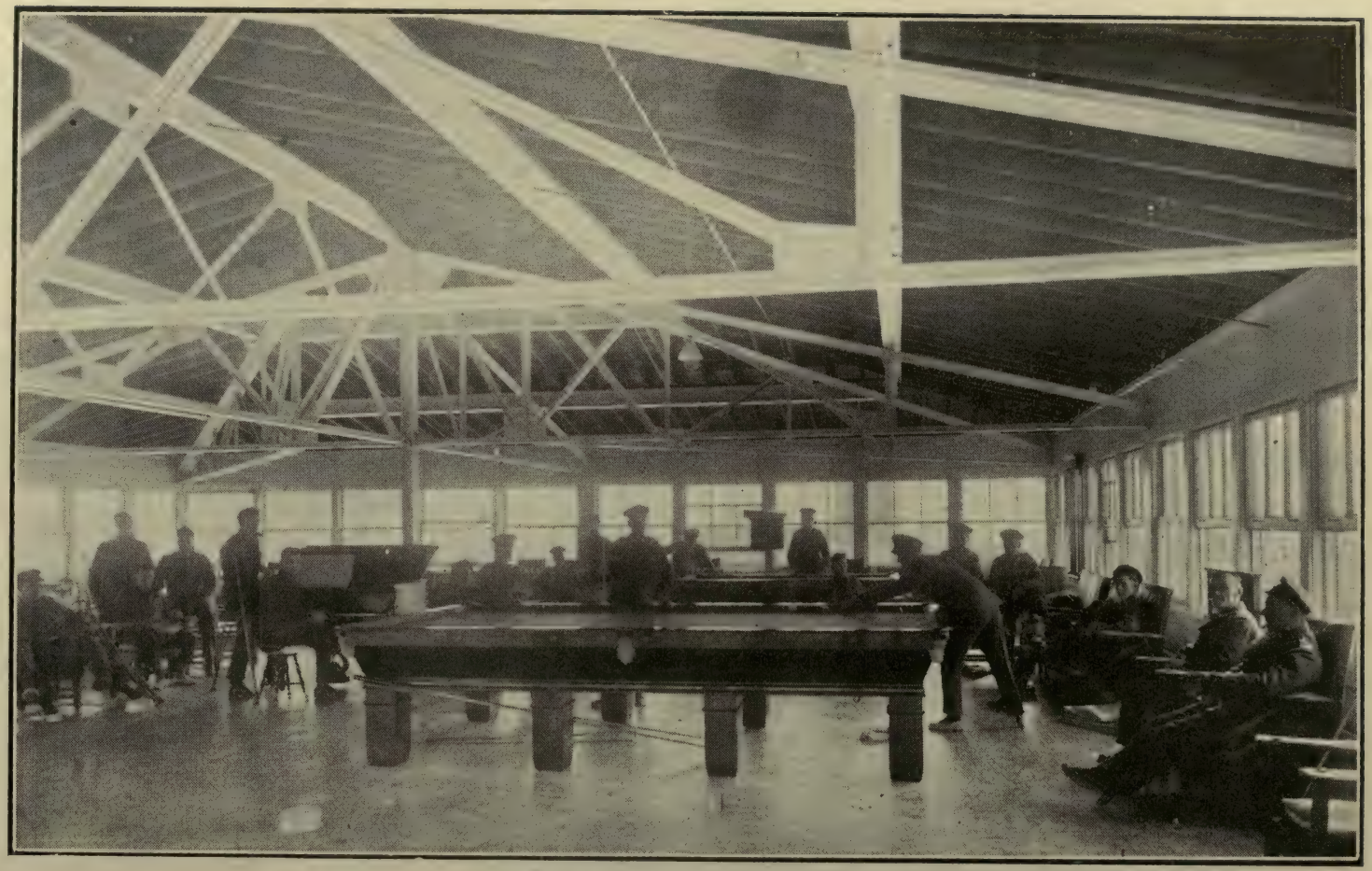
Here, as elsewhere throughout the new Orthopedic Hospital for returned soldiers, the equipment represents the very best and latest in scientific invention.

pected that the one opened to-day would have been opened in September. He would make no comment as to why this had not been done. The speaker expressed heartfelt gratitude for the work of the Army Medical Corps and for the wonderful work of the Canadian Nursing Sisters. The doctors, who would naturally wish to get back to civil life, had expressed themselves as ready to stay on the job until the last man had been cared for by them as much as possible.

General Mewburn gave figures showing that Canada had 65 military hospitals at home and 59 overseas. Between 1914 and 1917 Canada had in her hospitals 195,711 patients and 492,960 overseas, a total of 698,677 cases. The speaker also gave figures showing the progress of medical and surgical skill in preventing disease. In the South African war disease had caused the death of 14,653 men, while the number killed was 7,972. In the late war things were reversed. There are still 32,000 in the hospitals in England, and 10,000 in France, and the relatives of these were advised to be patient about getting them back, because the welfare of the men was the first thing that had to be considered. The problems of demobilization are even greater than the problems of mobilization were, said the speaker, and these must be done by all the nations working together.

That civil surgery has much to learn from military surgery, was a statement made by Col. Fotheringham, the next speaker. This was because of the opportunities that had been given the military surgeons during the war. One-fourth of the military patients of Canada are now in the four hospitals of which the one now opened, together with that at St. Andrews, at Long Branch and Brant House, near Hamilton, are the others. The speaker said he was now happier than ever before, now that he had these to work upon. He also gave an idea of the things being done when he illustrated the work by saying that muscles could now be taken from one part of the hand and applied to another part in such a way as to make a before useless member almost as serviceable as before.

On behalf of the hospital, Colonel McVicar, who has charge, thanked many organizations which had helped to bring comfort to the institution. The Toronto Red Cross, Soldiers' Comforts,



THE FINE BIG AIRY RECREATION ROOM

College Heights Patriotic League and Daughters of the Empire were mentioned, and others were included in the thanks. The speaker also asked the public to assist in making the men happy and contented. The men do not want coddling, he said, but they want intelligent guidance in getting back to civil life. The public were invited to visit the different wards then, and to come to the hospital in the future.

Ken. J. Dunstan, on behalf of the Toronto Red Cross, told of plans to build houses throughout Canada adjacent to the hospitals, where the friends of the patients may meet those who are well enough to meet them there and where such meetings would be surrounded by comfort for all concerned.

Dr. Clarence Starr told of some of the things which go to make up the romance of surgery as described in a work of Sir Robert Jones.

At the conclusion of the addresses the visitors were shown through the house. The department on the ground floor, where functional training was in process, a number of the V.A.D.'s, under the superintendence of Mrs. D. Fisher, showed a number of skillfully worked apparatus, with which hands, fingers and legs are brought back to usefulness. On the upper floor is situated the exceptionally fine recreation room. There are at present about 600 patients in the hospital.

[We are indebted to *The Toronto Weekly Star* for the halftones illustrating this article.]

Canadian Hospitals

HOSPITALS FAVOR UNION

While the estimates are under consideration the question of making a united appeal to the citizens for the financial aid of hospitals and charitable institutions may be given careful consideration.

The project of uniting all charitable organizations in one federation and carrying on their work through a united appeal once a year has been under consideration by welfare workers for some time. Last year Mr. W. H. Alderson, president of the Rotary Club, conferred in private session with the Board of Control and the Social Service Commission in regard to its being adopted, but nothing definite resulted.

In increasing numbers American cities are adopting this means of carrying on charitable work. Close co-operation, the prevention of overlapping and the elimination of a number of appeals on behalf of various institutions are avoided under the plan and the fact that an individual charity is a member of the federation is a *bona fide* that the institution is carrying on a definite piece of welfare work.

GRANTS TO TORONTO HOSPITALS

The grants that will be made to city hospitals in 1919 were passed by the Board of Control, Toronto, as follows:—Hospital for Sick Children, $40,000; Toronto General Hospital, $16,000; Toronto Western Hospital, $5,000; National Sanitarium, $15,000; Grace Hospital, $4,800; Hospital for Incurables, $16,000; Wellesley Hospital—grant to offset 1917 and 1918 taxes, $7,749. In addition, $525,000 was provided for city patients sent to hospitals and homes on the order of the Medical Officer of Health.

NEW HOSPITAL PLANNED FOR BELLEVILLE

Plans are under way for the erection of a new hospital in Belleville by the people of St. Michael's parish, on a large site in a central location just south of St. Michael's Roman Catholic Church. The structure will be of stone and the hospital will be undenominational. The equipment will be thoroughly modern. The new hospital will be a worthy addition to the Belleville General Hospital, the accommodation of which is taxed to the utmost at times by patients from the city and surrounding districts.

ST. THOMAS FORMS HOSPITAL AID

Some of the women of St. Thomas formed a women's auxiliary in connection with the Amasa Wood Hospital. It is to be known as the Women's Hospital Aid of St. Thomas and Elgin County. An address was given by Mrs. A. Orr, president of the Stratford Women's Hospital Aid. The officers elected are: President, Mrs. E. A. Horton; First Vice-President, Mrs. T. Robertson; Second Vice-President, Mrs. J. D. Curtis; Executive, Mrs. G. Elliott, Mrs. F. M. Griffin, Mrs. B. Symington, Mrs. E. J. Butler, Mrs. A. Campbell, Mrs. E. H. Caughell, Mrs. C. St. Clair Leitch, Mrs. G. C. Carrie, Mrs. W. Little and Mrs. S. Stewart.

The question of the erection of a new hospital in Moose Jaw, Sask., is to be prominently brought before the City Council. The General Hospital, during the epidemic, proved entirely inadequate to meet the existing conditions. The need for a larger civic institution is felt to be very urgent. The institution opened in 1912. The admissions that year were 806; in 1918 the number had increased to 1,331 (up to October 31st). The operations in 1912 reached 148; in 1918 advanced to 440 (up to October 31st). In 1911 the citizens voted on a by-law providing $75,000 for a hospital, but of this only $7,000 has been used, leaving $58,000 at present invested in Victory Bonds.

The Alberta Hospital at Bowness is to be built on much the same lines as the Tranquille Hospital, and the plans have been submitted to the Hon. George P. Smith for his consideration. It is the intention of the Dominion and provincial authorities to have a conference before any final decision is made, and it is also intended to invite the heads of the tubercular institutions of the West to this conference. In this way use can be made of their practical experience in managing hospitals under similar conditions. The original estimate for the cost of the Bowness Hospital was $400,000, of which the province is to pay $200,000. Mr. Smith has also a set of new plans, ten in all, for the municipal hospitals. The new series is considerably cheaper than those first submitted. The smallest plan shown is a twelve to fourteen-bed hospital that can be erected for some $4,000 less than the nine-bed hospital, the unit in the other plans, which brings the cost of this hospital down to about from $16,000 to $17,000.

Correspondence

DEPARTMENT OF MILITIA AND DEFENCE

Ottawa, February 6th, 1919.

To the Editor, Hospital World,
145 College Street, Toronto, Ont.

Sir,—I wish to invite your attention to the March, 1918, number of your journal, Vol. XIII (XXIV), No. 3, and to the leading editorial in this number on Venereal Disease.

This editorial contains most misleading and libellous statistics in reference to venereal disease in the Canadian forces. One sentence in particular—"Several of the Canadian Camps visited showed 90 per cent. of returning soldiers infected with syphilis"—contains a statement which is nothing more than a figment of the imagination of the person who made it, and

is so obviously untrue and so grossly unfair that it is not understood how the editor of a reputable medical journal could wish to make such a statement his own and publish it as a leading editorial.

In Canadian military camps, venereal disease has been practically non-existent since the beginning of the war, as all soldiers so infected have always been immediately admitted to special venereal disease hospitals, and those who did not report their condition were invariably detected at the weekly inspections carried out since August, 1914.

"Returned soldiers" referred to in your editorial were not concentrated in camps of any kind prior to the cessation of hostilities. Apart from the very small number returned on compassionate grounds and for duty at home, soldiers did not return from the front for any reason other than medical unfitness, and then only under hospital conditions.

Your editorial does not specify any class of camp, and the location of the camps referred to is not stated, but, even supposing the word "camps" was intended to mean special venereal disease hospitals (where 100 per cent. of patients would be suffering from venereal disease in some form) the percentages of syphilitics, as compared with total patients, would not exceed 12.5 per cent. in Canada, or 25 per cent. overseas, in any year of the war.

The proportion of venereal disease to total disease (not including wounds) is:—

In Canada	10.6	per cent.
Overseas	14.4	"
In all areas combined	13.1	"

The incidence of venereal disease among Canadian troops is as follows:—

In Canada	0.7	per cent. per annum.
Overseas	2.6	" "

Before the Military Service Act came into force, recruits who were suffering from venereal disease were not enlisted, but, of the draftees brought up under this Act, venereal disease *per se* was not considered a sufficient cause for rejection, and

draftees so infected were enlisted and admitted to hospital for treatment, without pay. It has been found among draftees brought up for compulsory service that, of those who acquired venereal disease, 43.7 per cent. were infected previous to enlistment as compared with 56.2 who became infected subsequently.

In one military district in Canada, 11,178 men were medically examined at one and the same time; of these, 1,400 were draftees awaiting enlistment, and 3.5 per cent. were found to be suffering from acute venereal disease; the other 9,778 were troops in training, and only 0.3 per cent. showed any evidence of venereal disease. In other words, the incidence of venereal disease is more than ten times as great among male civilians of military age as among soldiers. Statistics for civilians on this subject are very few and meagre, but you will agree that such statistical information as is available is most flattering, not only to the moral character of the members of the Canadian Expeditionary Force, but, also, to the success of the efforts made to protect them from these diseases.

Your statement that two-thirds of one Canadian Division were infected with syphilis before that Division had been in England six months is impossibly erroneous. The total number of cases of syphilis among all Canadian troops, in all areas, during the whole war does not amount to one-half of one division.

Will you be good enough to retract officially the statements in your editorial referred to in this letter, and give the same publicity to the retraction as was given to the original editorial?

J. T. Fotheringham,
Major-General,
A/Director-General of Medical Services.

The data upon which we based the editorial of over a year ago and to which Major-General Fotheringham takes exception, came from a source which we did not question and from the pen of a scientist of the highest standing, who had no reason or any desire to misstate fact. We, however, gladly publish the above letter in full.—[Ed.]

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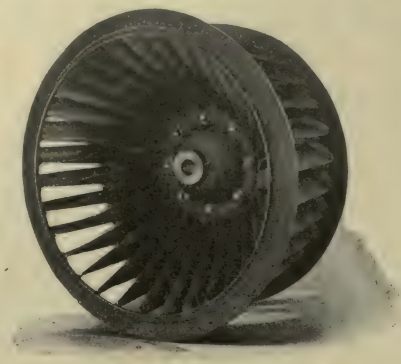


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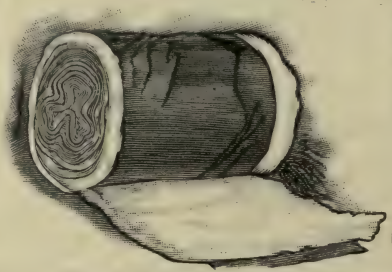
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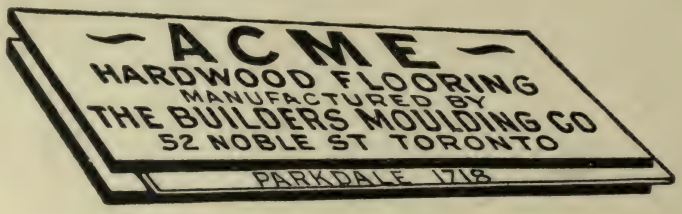
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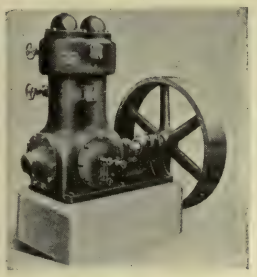
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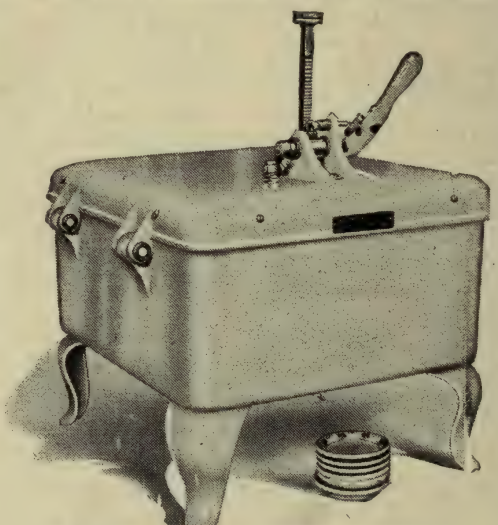
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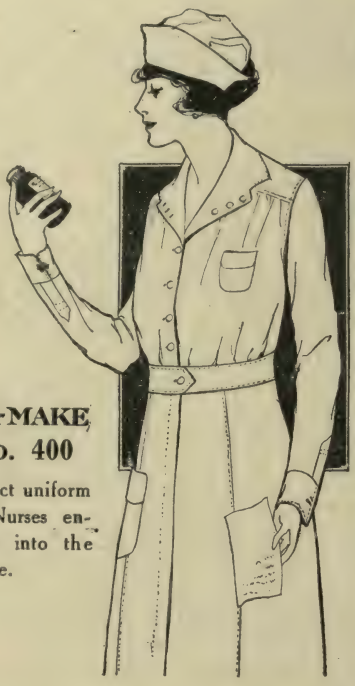
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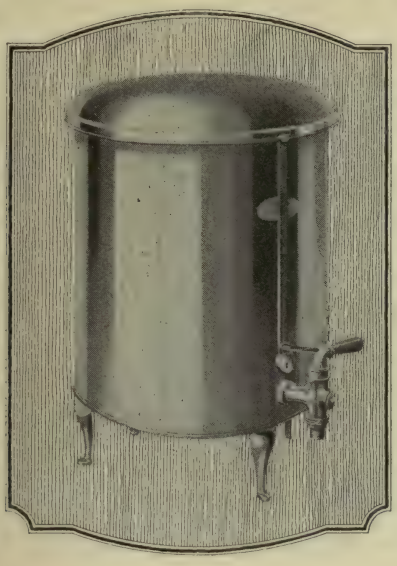
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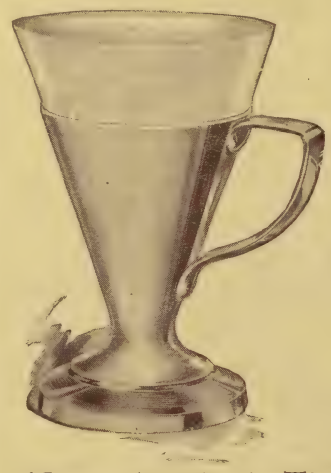
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THE HOSPITAL WORLD

Vol. XV Toronto, May, 1919 No. 5

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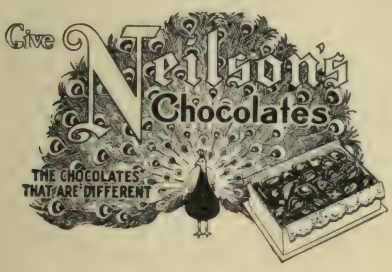
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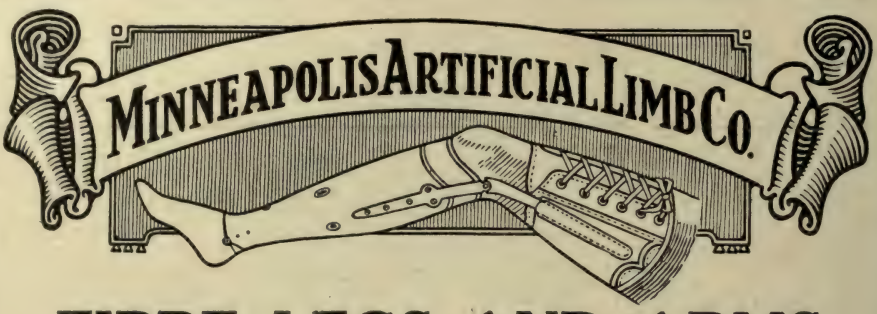
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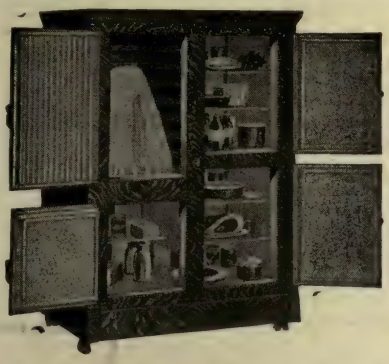
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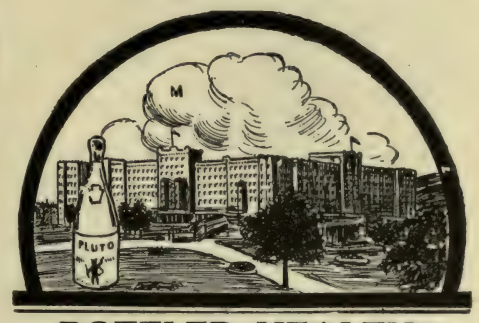
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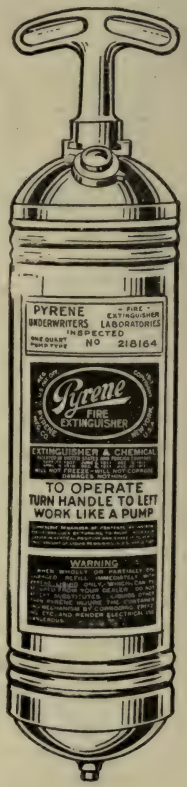
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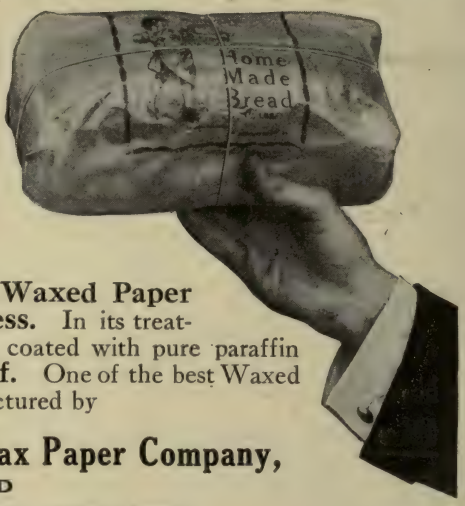
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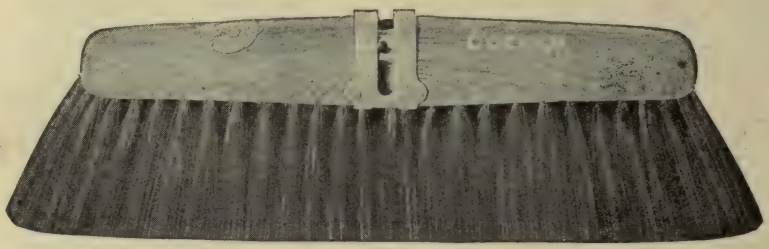
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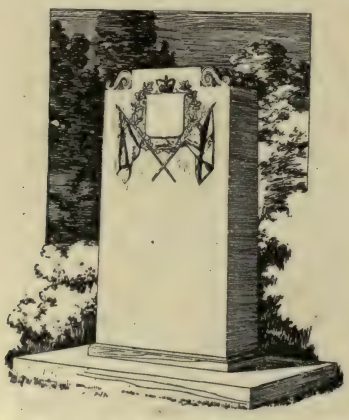
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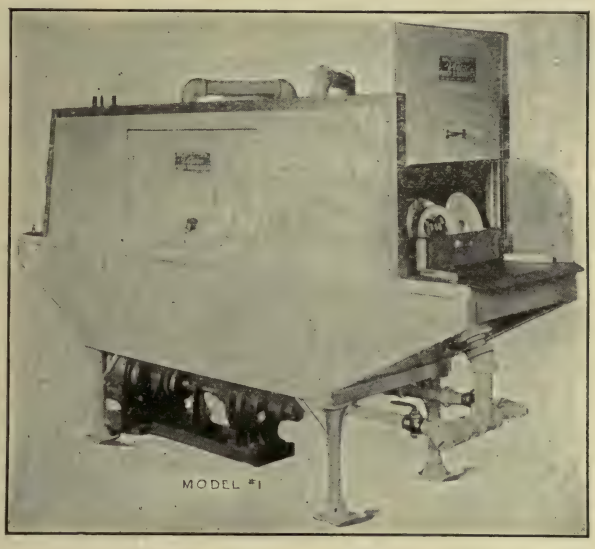
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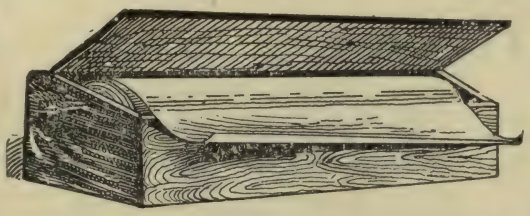
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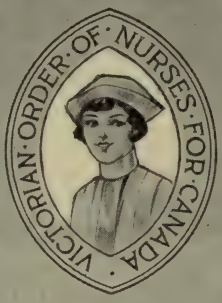
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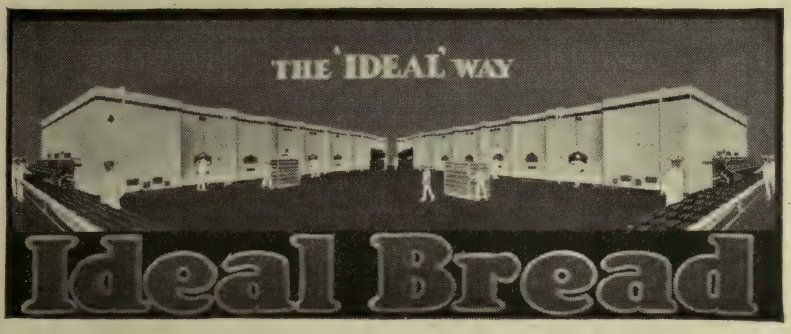


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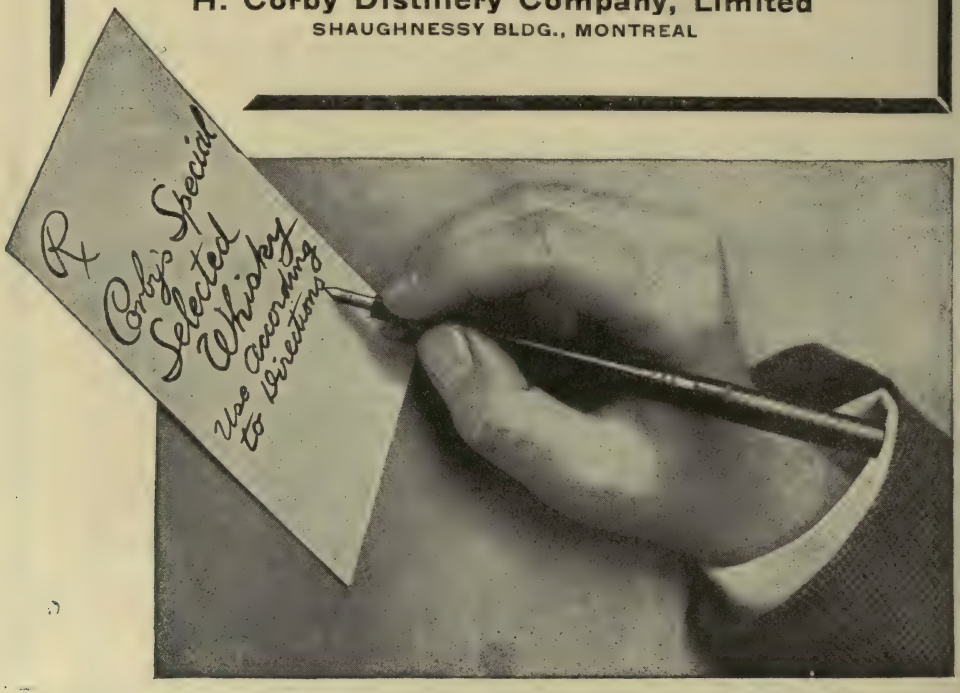
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The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums, and Public Charitable Institutions throughout the British Empire.

Vol. XV. TORONTO, MAY, 1919 No. 5

Editorials

HOSPITALS AND THE STATE

SIR E. NAPIER BURNETT recently delivered an address on this subject in England, which indicates that the much-praised voluntary hospital system in England—despite its many excellencies—is not the perfect system. He pointed out that the military hospital was entirely a product of the State, being financed, staffed and administered by the State. Its sole function was the care and treatment of the military patient. The number of military beds was always in excess of the time, because of the uncertainties of demand. When a military patient became sick or got wounded, he was immediately provided with a hospital bed—there was no "waiting list," so often seen in civil hospitals. The military system was not limited to the treatment of fully developed disease alone, but to the cause, as well.

Per contra, the majority of the voluntary hospitals were formed, administrated and financed by local committees, nominated by the subscribing public.

Patients, either "in" or "out"-patients, received treatment as an act of charity, which was not as it should be.

The voluntary system had "fallen down" when called upon to deal with the influenza epidemic. During the war 760,000 soldiers were lost; while during the twelve weeks of the epidemic 100,000 died from influenza and its complications. Sir Napier contended that whether individuals were fighting to defend the frontiers or engaged in producing and building up the wealth of the nation, they were engaged in the service of the State, and whether injured in shipyard or coal mine, they were injured equally as much in the country's service as was the soldier wounded on the battlefield.

If this principle be accepted, why the diverse treatment accorded? In one case a hospital bed with the best possible facilities for treatment and speedy restoration; in the other the best that was offered was an act of charity—and often it was but the privilege of allowing his name to be entered on a waiting list!

The essayist argues that the State should provide "mending shops" for the people, open day and night, with a competent staff in attendance, adequately paid; with ambulances ready, as at any fire station, to gather up those who fall out, and restore them to the producing line.

The *Medical Officer* to which we are indebted for

the summary—concludes its digest of Sir Napier's paper by saying:

There were serious questions urgently calling for consideration, such as hospital extension with provision for convalescent patients; the establishment of municipal dispensaries; the payment of the visiting staff; part-time *versus* whole-time service; the admission of patients whether by the free open door, or by paying wards, or by some co-operative scheme; the establishment of some form of "team" work both in clinical medicine and clinical surgery; and the appointment of co-ordinating heads as directors, so as to obviate the bad effects of the present "compartmental" system of medical education. In conclusion, Sir Napier expressed the opinion that it was not a system of absolute State hospitals that this country required for the immediate future, but the present voluntary system required to be emancipated from its cramped limitations. The State should finance the civil hospitals by subsidy, and exercise a co-ordinating control over the whole system by the establishment of a State hospital department or "clearing house," where all data, scientific and administrative, could be collected, analysed, and distributed, leaving the management and administration under the supervision of local health boards, thus making the best use of local knowledge and voluntary talent.

THE CANADIAN HOSPITAL ASSOCIATION

THE war is over; the excuse for the non-calling of the Canadian Hospital Association holds no longer. The President ought to call a meeting. Even during the war Hospital Associations have been formed in many parts of the continent—in the States and even in Canada. British Columbia recently had a live meeting. The Catholic Hospital Sisters have organized in the States. Ohio has a live Association, to

mention only a few. The Canadian Association had several live meetings, despite the great distances of the remoter provinces. Let the Association be revived and many hospital workers will rally to its support.

A SECOND ORDER OF NURSES

THE HOSPITAL WORLD, along with *The Trained Nurse*, has advocated grading of nurses. The war has shown that at least a second grade nurse in the person of the V.A.D., was a necessary adjunct in the Herculean task of nursing the wounded and stricken warriors in the recent Armageddon. Detroit, Boston, Buffalo, and other centres have proven that "practical" nurses may well supplement the work of fully trained graduate nurses in attending people of moderate means, best exemplified, perhaps, in maternity work, wherein the R. N. sees the patient through the crisis and makes daily visits while a practical nurse performs the simpler nursing offices (feeding, bathing, etc.) in the interim and helps sufficiently with the house duties to keep the home intact.

We are pleased that a movement is now on foot to give the young woman with a natural aptitude for nursing—though perhaps lacking the amount of preliminary education required for entering a modern training-school, or perhaps too old to take a hospital course—an opportunity of spending time enough in a hospital to learn practically the funda-

mentals of the art, so that she may be able to do something toward helping out her more favored sister (as is being done in the cities mentioned) and in nursing for the handicapped doctor in villages and rural communities where trained nurses are quite unavailable. Somebody has to do the nursing in the farm houses; and it is infinitely better to have a sensible, kindly nurse of one year's careful hospital training than to leave the patient to the mercy of the loving but wholly untrained relatives or neighbors.

MR. EDWARD STEVENS' BOOK

We print in this issue a copy of the review by an English publication of Mr. Edward Stevens' book on "Hospital Construction." One of the points of criticism refers to a lack of correspondence between the publishers' description of the scope of the work with the amount of ground covered in the book itself. This may have arisen from the fact that the publishers (unauthorized by the author), used an amount of hyperbole in their advertisement which is quite common on this side of the Atlantic, to which our British confreres are unused.

Mr. Stevens' plans come in for some criticism in that legends are not appended to some and scales omitted from others. These slight oversights may be corrected in the next edition.

Our transatlantic hospital builders apparently cannot conceive why on this side we build sink and toilet rooms directly off wards, as Mr. Stevens does, instead of in sanitary towers remote from the head-house of the ward.

While deprecating the rather fulsomeness of the publishers' advertisement of the volume under discussion, we must congratulate Mr. Stevens on his book, prepared in the spare moments of a busy life, spent in doing—which he almost alone of American architects is doing—devoting his entire time to hospitals and auxiliary institutions.

The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums, and Public Charitable Institutions throughout the British Empire.

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(Continued from April.)

BY MR. CONRAD THIES, FORMERLY SECRETARY OF THE ROYAL FREE HOSPITAL, LONDON.

In 1903 the King's Hospital Fund issued its first statistical report and in 1906 it was agreed by the three distributing Funds that "the uniform system of accounts" needed revision; accordingly a committee of hospital secretaries was again appointed for this purpose and the system of accounts then decided upon was approved by the Three Funds, and has been generally adopted, not only in London, but also by most of the provincial hospitals. A reference to the King's Fund last published Statistical Report shows, however, that the method of arriving at the comparative cost of various hospitals is not entirely satisfactory. For instance, it states that the cost per bed occupied at University College Hospital in 1917 was £77—while that at the London Hospital was £150. The method of preparing these statistics has recently been severely criticised by Dr. Burnett, who has been employed by the War Office during the past three years to inquire into the cost of maintenance at both military and civilians hospitals.

Speaking from my own experience, which is I believe common to that of other secretaries, I have found that the most difficult and certainly the most trying part of my duties has been the constant anxiety about raising the funds needed for maintaining and developing the work of the hospital.

Most hospital committees consider this to be the most important function of their secretary, and his services are

too often gauged almost entirely by this requirement. The consequence is that too much of the secretary's time and energy are absorbed by this part of his work, very often to the neglect of other equally important duties.

The amount of money which is expended on raising funds by means of various functions, appeals, and advertisements in London alone would be amply sufficient to maintain one of our large hospitals.

Some years since I made a careful examination of the list of subscribers to a number of London hospitals, with the result that I found that a considerable number of their most liberal supporters gave subscriptions to a number of different institutions. On mentioning this result to a man who made a business of preparing lists of charitable people, he expressed the opinion "that the main support of the London hospitals came from some 25,000 people." Bearing in mind that the population of Greater London exceeds 6,000,000, it is evident how small a proportion of the population support the hospitals.

The attitude of the medical profession in respect of payment for services rendered has greatly changed during the past few years, and it is certain that in future the junior members of the staffs will require increased payment for their services, and this, together with the great advance in the salaries of the nursing staffs, must add very materially to the cost of maintenance, and consequently increase the difficulty of raising the necessary funds. In view of the great demands made upon the charitable public and the increased taxation and cost of living generally, the financial prospect of the voluntary hospitals is not encouraging. But for the large sums which have been raised during recent years by the three Distributing Funds, and especially by the King's Fund, many of our London hospitals would have been in financial difficulties. Too large a proportion of the income of the hospitals is of a precarious character, being dependent upon legacies and large donations from wealthy and generous supporters.

Many of the hospitals are now receiving considerable sums both from Government and local authorities, for services rendered to special classes of patients; both the War Office

and the Ministry of Pensions are paying large sums for the treatment of sailors and soldiers. When these latter payments are withdrawn, the financial strain upon the hospitals will be more acutely felt.

When a deputation from the British Hospitals Association was received in 1912 by Mr. Lloyd George—then Chancellor of the Exchequer—on the question of National Insurance and its effects on the finances of the voluntary hospitals, he made the following statement:—

"That the work performed by the voluntary hospitals was so important, both for the public health and for medical education, that it was essential that they be adequately supported, and no Government could allow them to be restricted in their work for lack of means; he feared, however, that any proposal for Government subsidies would seriously affect their voluntary character, and would probably cause a withdrawal of contributions by the charitable public."

I have undertaken to make some reference to the future of the voluntary hospitals, but I fully realise that it is somewhat rash, under existing circumstances, to venture upon any forecast. We are living in an epoch quite unique in the world's history, and are standing on the threshold of a new era; the devastating war of the past four years has affected every department of human activity, and it is quite impossible to foresee what will be the final outcome.

As far as this country is concerned it is evident that drastic changes and developments will take place. The subject of public health has been brought into great prominence and all who have studied this question are agreed that it is necessary to centralise in a single Government Department the manifold duties which are at present controlled by some half-dozen different authorities; for instance, I need only mention the Home Office, the Board of Education, the Local Government Board, Insurance Commission, and numerous local authorities. All these bodies overlap each other, and too often betray the usual official jealousy, while the whole want of system is wasteful, both of officials and public funds.

Mr. Roberts, in his presidential address and in a recent article in *The Hospital,* has dealt very fully with the proposed

Ministry of Health Bill and its probable effects upon the voluntary hospitals. I need only, therefore, say that I am generally in agreement with the views he has expressed. As you are aware the Bill which passed the first reading in the late Parliament will, in all probability, be again introduced, in a slightly amended form, when the new Parliament gets to work. It may be assumed that the new bill, like its predecessor, will not directly mention the voluntary hospitals or the voluntary system, and we know that up to the present they have not been consulted, but it is quite evident that they must be seriously affected, because of all existing institutions for conserving the public health, they are in some respects the most important, for upon them devolves the responsible work of medical education and the training of nurses.

We must always bear in mind that medical education is a most important part of the work of the voluntary hospitals, and I think it must be admitted that under the existing system the clinical material, which ought to be utilized for this purpose, is very inadequately made use of.

As bearing on this question, I will read you a short extract from a book I have recently been reading. It is from the "Life of the late Professor Huxley," by Dr. Chalmers Mitchell. He says:—

"In the greatest city in the world there was, during Huxley's life—and there is still—nothing comparable with the great universities of Europe and America, of Scotland and Ireland. Some dozen hospitals, supported partly by endowments, partly by charities, attempt each to maintain a complete independent medical school. As the requirements of medical education in staff laboratories and general equipment has advanced these hospitals have made heroic efforts to advance with them. Notwithstanding the zeal and public spirit of the staff and managers of the hospitals, this want of system has naturally resulted in a multiplication of inefficient institutions and a number of makeshift arrangements. Huxley repeatedly urged the concentration of all this diffuse effort into a few centres, but this inevitable reform has not yet become possible."

It appears to me that the time has arrived when the smaller

general hospitals with medical schools should co-operate, in order to economise their resources.

In view of the demands made by modern medical and surgical science, it is evident that the smaller hospitals cannot afford the great expense involved in providing the cost of equipment and skilled staffs which are requisite for carrying on the work of these special departments in an efficient manner.

Mr. Roberts has suggested that one way of meeting this difficulty is to group hospitals so as to enable the smaller institutions to avail themselves of the resources of the larger hospitals, but the whole subject is beset with difficulties, especially as the prosecution of scientific research demands more generous support than it at present receives from public sources.

I see that Mr. Morris, in an article recently published in *The Hospital,* expresses the opinion that the medical staffs should be adequately remunerated for their services, but this suggestion only increases the difficulty of the problem.

In conclusion I may say that I have visited a large number of hospitals both in this country and in Europe, also in the United States and Canada. While I realize that there is much to be learned from the methods adopted in other countries, I am of opinion that our voluntary hospitals will bear favorable comparison with those of any other country, both in respect of their efficiency, and especially as to their sympathetic treatment of the patients. It is, therefore, of the highest importance that these voluntary institutions should be preserved.

We, therefore, who are engaged in any capacity in carrying on the work of these institutions may be justly proud of their good work, and it behoves us each to prove ourselves worthy of participating in their beneficent work for the sick and suffering. There never was a time in the history of our voluntary hospitals when it was so essential for their officials to prepare themselves for their responsible duties, and whatever changes may take place in the near future will certainly not tend to lighten their responsibilities.

Selected Articles

HOSPITAL CONSTRUCTION AND PLANS

Some American Methods.*

About seventy hospitals are illustrated in this work by Mr Stevens. For that reason, if for no other, the book would be of value, for a synoptic collection of examples of buildings of a special type is always of interest and use to those who are engaged in the construction or the study of similar erections. The illustrations are chiefly plans, and as such would be of much greater value if uniform care had been taken to see that every plan had an intelligible scale attached to it. Some of these illustrations have no scale at all—e.g., Mr. Stevens's own plans of the East New York Hospital; others have a scale printed so small (owing to reduction) that no eye, even with glasses, can read it; and one plan at least bears the announcement that it was, presumably *before reduction,* drawn to the scale of some fraction of an inch to the foot. As the information is of no use to the reader it scarcely matters that the fraction is indecipherable.

One general remark in regard to all the American plans in this book will spring to the lips of every English architect who sets eyes upon them. He will observe that the problem set before the American architect is immeasurably simpler than that with which we in this country contend, and he will be tempted to say, perhaps "in his haste," that if access of light and transmission of fresh air are *not* to be taken into account the main crux of hospital design no longer exists. Indeed, it

*"A Review of the American Hospital." By Edward F. Stevens. (New York: Architectural Record Publishing Company. 1917. Price, $5.00.)

is in the violation of all our canons of air and light that these American types differ chiefly from our English designs. Akin to this observation and perhaps connected with it is the fact that the Americans put into their general hospitals many more single-patient rooms than prevail in our institutions, and many more small wards of three or four beds. We mention this as akin to the light and ventilation problem, because the first thing that occurs to an architect in England when he finds that he has to deal with the small-ward problem is that he is almost bound to violate his conscience by abandoning or mitigating his principle of cross-ventilation. It is possibly in despair at the difficulty of ventilating these small chambers by natural means that the American frankly gives up the attempt; but it is strange indeed that he should go the length of giving approach to these rows of single-bed rooms by long central corridors which often have no windows at all, or at best a window at each end of sixty or seventy yards of passage. The reader will, moreover, look almost in vain among these designs for anything approaching the sanitary block (with cross-current cut-off) which is one of our cardinal virtues. Perhaps we are unduly devoted to this European fancy. Mr. Stevens tells us, indeed, that some of our leading authorities are losing faith (or superstition) on this point, and he alludes to the feature in gentle derision as "the old English toilet tower." He admits that it had excellent reasons for its existence, though he considers it had an undue tendency to darken the wards. One example of it appears in the book, that of the San Francisco Hospital, and the writer notes it as a rather obsolete peculiarity.

Presumably the isolation of sanitary fittings, the daylight illumination of corridors, and the general circulation of natural atmosphere are so far left behind by the scientific advances of medical hygiene in the States that the present position as regards such matters is hardly worth explaining; otherwise we should have wished to get from Mr. Stevens some fuller statement of the arguments against the use of fresh air and natural light. It is true he explains briefly that the rugged climate of Northern America forbids the complete disconnection of block from block which is found in European hospitals, but this is part of an argument for the use of covered corridors, and does

not really affect the question of internal fresh air in the blocks themselves. In a few pages Mr. Stevens deals specifically with the ventilation of hospitals, but the subject is all too briefly dismissed, for it seems obvious that unless a Plenum system is generally adopted—and the writer makes it clear that it is not—many of the hospitals here illustrated must inevitably suffer deleteriously from the undue circulation of exhausted and infected air. It is made clear, of course, that most of these buildings are fitted with elaborate systems of flue-extract, and one gathers that in most cases reliance is placed on powerful mechanical exhaust. But when all this is explained or implied the English architect still shudders at the sight (on a plan) of those water-closets tucked in among the bedrooms, of the private wards that have such conveniences directly attached to them, and finally at such amazing phenomena as the group of four w.c.'s and a bathroom (Fig. 51), which have not got a window among them all!

It is perfectly true that there is room for two schools of thought on this subject, and it is easily arguable that if you are going to trust the plumber at all you had better trust him completely and take all your sanitary fittings into confidence. But there is more in this than a mere question of traps, and we are inclined to believe that the tendency in American private life to the overheating of houses is paralleled in the hospitals by an attitude of indifference to the inexpensive blessings of God-made air and heaven-sent light. Against these suggestions, which are only the mere contrasting of opinions American and English, one must acknowledge that the open-air treatment is very liberally catered for by our American friends. The open-air ward, airing-balcony, and solarium are very important features of many, nay most, of these designs. The transatlantic idea would seem to be, "When you are out of doors be out of doors, but when you are indoors don't unduly worry about fresh air. What is a house for except to keep you warm as well as dry?"

"The day of the amphitheatre as an operating unit for teaching seems," says Mr. Stevens, "to have gone." It went in England a long time ago, and its disappearance was a great boon. The illustration, however, of the Massachusetts Hospital

shows one of the old type, and presumably of the old size, though the absence of a scale makes it difficult to test this, and the plan of Mr. Stevens's Grace Hospital, Detroit (again no scale), seems to indicate a large room with the once-familiar tiers of students' platforms. On white walls for operating-rooms Mr. Stevens is very severe. In America the objection to white is, apparently, very acutely felt on account of eye-strain to the surgeons, who, not content with prescribing a very dark green for the floors and dados of their operating-rooms, also "use dark gowns for themselves and attendants."

Mr. Stevens's design for a nurses' residence at Bridgeport is a fine and simple building, but in it again one sees how easy life is made for the American architect by the discovery that windows are not necessary for sanitary rooms. It is an L-shaped building, and consequently has a "re-entering angle," that bugbear which it is so difficult for the architect to cope with. The American architect has no trouble at all. Here, he says, is a place in my plan with no possibility of windows. What shall I put there? Why, *baths*, of course; so in go four bathrooms, two and two, with a lobby between them. One bathroom has a light, the other three and the lobby none! The Nurses' Home at St. Luke's Hospital, Jacksonville, has halfway along its windowless corridor (say 140 feet long, in the absence of a scale) a "toilet room" about 20 feet by 15 feet. This is an apartment divided up into a washing space with five basins, three bathrooms, and as many w.c.'s; over the basins are two windows, and there is one window in one of the bathrooms, but everything else is windowless!

We *know* this is all as it should be, for our American friends and rivals are well in the front for sanitary knowledge; but it sets us wondering whether we are merely old-fashioned in our British prejudices, or whether, in refusing to simplify half our difficulties by casting ourselves on to the mercy of artificial ventilation and artificial light, we are not, after all, doing right.

This article must contain at least a mention of the pages at the end of the volume, which give plans and other details of some military hospital designs for the United States Army. These are very interesting, and exhibit the marvellous com-

pleteness and—shall we say?—opulence of the provision which the Americans made for their medical and surgical needs in the war.

In the alleged absence of any other history of American hospital construction we can welcome this little book as distinctly a useful record, but perhaps even Mr. Stevens would hardly be satisfied to have it regarded seriously as a standard work on the subject. It contains eighteen chapters, to be sure, but as the total of pages only runs to 274, and as the paper is largely covered with illustrations (many pages containing no text at all), these chapters do not average ten pages each. We should scarcely mention this point in reference to a book which the author may not have intended to be more than a collection of reprinted plans with cunning commentary, but that the publisher's circular which heralded its appearance takes the whole affair in a much more serious light. Intending purchasers reading of the "vast fund of correlated facts," of the "exhaustive research," of the aid given by "prominent specialists," and of the probability that this work will "remain a standard authority" may feel some disappointment over their bargain, especially when they are assured by the publisher that the author (whose biography and list of works are appended) "is known throughout Europe and America as the leading architectural authority on hospital construction and equipment." Mr. Stevens has had various partners, and has often been joined with others as consulting architect; it is not, therefore, easy to criticize with praise or blame his work as a designer of elevations. The published designs to which his name is attached are strangely variant in standard of beauty, some are distinctly commonplace, others are quite good and nearly worthy of the man "whose specialized genius is represented by some of the most perfected and noblest edifices extant among modern hospitals."—*The Hospital.*

Canadian Hospitals

$4,685,069 IN 1918 IS THE RED CROSS TOTAL

THAT the fifth annual report of the Canadian Red Cross Society not only surpasses all previous records, but bears lasting testimony to the fine spirit of patriotism shown by Canadians, was made evident at the annual meeting in Convocation Hall, on Feb. 27th, when receipts for the year were reported to be $4,685,069. Out of this amount $4,502,756 was raised by voluntary contributions. The disbursements for the year were $3,071,339. The Duke of Devonshire was present, and Mr. Noel Marshall, president, presided.

Among the most notable grants made during the year to the Allies was that of $250,000, which was sent to M. Poincare, President of the French Republic, to assist the refugees in the devastated regions of France. A grant of $6,500 was made to the St. John Ambulance Brigade Hospital at Etaples—to build a hut in memory of the nursing sisters who had given up their lives in devotion to duty during raids. A donation of $75,000 was also given this Brigade and aid in supplying their equipment and transportation expenses. The Montenegrin Relief Fund received $20,000, recreation huts for British wounded in Italy $25,000, and lorries for Italian work $25,000. Five other motor funds also received $5,000 each.

Mr. Noel Marshall, president, in his annual address, said there were now 1,103 branches in Canada, an increase of 442.

"In 1918 a budget was prepared calling for $4,360,000 from Canada," said Mr. Marshall. "The amount received exceeded this sum, as we received $4,507,786.90, the total receipts at headquarters for the period of the war being $8,371,982. This does not include the moneys sent direct to the London office from all over Canada, more particularly contributions towards the Prisoners of War Fund. I have no hesitation in saying that when these figures are completed the amount of cash handled will be considerably over $10,000,000.

"To give you an idea of the quantity of articles delivered, may I say that for the year 1918 we distributed 1,608,214 pairs

of socks, 370,000 suits of pyjamas, 223,000 shirts, 327,000 personal property bags, 79,000 dressing gowns, 680,000 towels.

"The goods shipped have been distributed as follows: 113,813 cases to Canadian hospitals in England, 56,398 cases to Canadian hospitals in France, 73,076 cases to French hospitals in France, 4,860 cases to Belgium, 5,394 cases to Italy, 2,850 cases to Russia, 7,228 cases to Serbia, and 4,500 cases to Roumania, making a total distribution of 268,119 cases. We also shipped to Vladivostock, up to January 31st, 5,562 cases of supplies and a considerable quantity at Vancouver awaiting shipment. In 1918 our supplies were sent overseas to England on 154 steamers, all of which but two reached their destination. One steamer was submarined, and the Canadian Red Cross Society lost 589 cases and the Canadian War Contingent Association 11 cases. The other steamer was wrecked, and by it we lost some 800 cases of Canadian apples.

"Cables of congratulation and gratitude were received from Generals Turner, Almond and Foster, and also from General Currie, in part as follows:—

"We are proud of the splendid generosity of Canadians at home—proud of the enthusiasm and efficiency of the excellent organization which collected and dispersed the comforts, and proud of the devotion to duty, the tireless energy, the constant supervision, and the appreciation of what was wanted of those who managed on this side of the water."

PRESENTATION TO DR. McNEIL, PROVINCIAL HOSPITAL, BATTLEFORD

A PRESENTATION was made recently to Dr. McNeil, at the Provincial Hospital, Battleford, Sask., in appreciation of the almost superhuman efforts he made to relieve distress during the recent epidemic. For ten days or more Dr. McNeil hardly ate or slept, but gave himself body and soul to the care of the sick. Dr. Campbell delivered the presentation address and Dr. McNeil, in acknowledgment spoke of the splendid spirit of co-operation which existed, and thanked the staff for the manner in which they individually and collectively helped through the dark days of the epidemic.

EMERGENCY HOSPITAL FOR VANCOUVER

The Provincial Government has given Vancouver practical assurance that it will co-operate with the city in the building of an emergency hospital to the extent of $15,000. The entire cost is estimated at $30,000. Work on the new hospital was at once commenced, and it was planned to be finished in thirty days. The Royal Inland Hospital at Kamloops has been in difficulties on account of the emergency caused by the influenza epidemic. A number of the hospital board waited on the city council to ask a grant to reinstate the finances of the institution. The board planned the raising of $30,000 by grants from the city, the Provincial Government and the Indian Department, augmented by a drive on the lines followed in the Victory Loan campaign for public subscription to the hospital cause. The secretary presented a statement showing that five hundred and fifty influenza patients had been treated in the two preceding months. Of these, two hundred and eighty-four were from Kamloops, one hundred and eighty-five from outside points, and eighty-one from the Indian reserve; the various periods aggregated five thousand and two days. The total cost of operating the hospital in October and November had been approximately $20,000. The council, after hearing the representations, voted $2,000, in addition to two former votes of $500 each. The board of the Nanaimo Emergency Hospital has appointed Mr. John M. Rudd to visit Victoria and make an appeal to the government for financial assistance on the ground that over half the cases treated were residents outside the city limits. The cost of opening the hospital for the treatment of Spanish influenza during the epidemic was in the neighborhood of $10,000. The new X-ray plant has just been installed at the Jubilee Hospital and will be operated by Doctor Rodgers. It is the largest and most modern of such instruments in existence and is fitted with the new control system and a mechanical timing device. A Wheatstone stereoscope has been installed also to assist in the reading of the photographs.

Contracts for hospitals at Peking and Shanghai, to cost $3,000,000, have been let by the Rockefeller Foundation.

STRATFORD HOSPITAL

At the annual meeting of the Hospital Trust of Stratford on March 14th, the old Board of Directors was re-elected, as follows: Alex. Faill, John Whyte, Wm. Preston, Ames Dickson, G. G. McPherson, A. C. McLeod, H. W. Strudely, Wm. Davidson, T. B. Ballantyne and C. McIlhargy, with the mayor of the city and warden of the county as *ex-officio* members.

The annual report contained the following summary of the year's work: The number of patients cared for was 631. The total receipts received from the patients themselves was $16,504.82 or about $500 more than in 1917. Of this sum ward rates produced $14,564.89; operating fees, $1,389.25; pupil nurses on special cases, $145.75, and board of outside graduate nurses on specials, $405.

NOVA SCOTIA SANITARIUM

The good results of the Nova Scotia Sanitarium at Kentville, for the year 1917, have just been published. At the time of discharge the condition of the tuberculosis patients was as follows: Disease arrested, four or 5.7 per cent.; disease apparently arrested, thirty-four or 50 per cent.; disease quiescent, nineteen or 27.1 per cent.; improved, eleven or 15.7 per cent.; unimproved, one or 1.5 per cent. The Provincial Sanitarium has just added to the new infirmary a modern X-ray equipment. Doctor Collins, a prominent specialist, operates the machine. He is also a specialist in tuberculosis and diseases of the throat and lungs. There are two civilian pavilions, one for each sex, and seven military pavilions. The patients who are able are given vocational training, and there is some very nice work turned out by some of the returned men.

An addition is to be erected to the Royal Victoria Hospital, Montreal, at a cost of $12,000. McGill University is planning the building of a memorial hall to honor her fallen graduates and undergraduates. It will take the form of a convocation hall, and the probable estimate is $150,000.

NO MORE "HOSPITALS FOR THE INSANE"

Amendments to the Act relating to Public Institutions were introduced to and passed by the Ontario Legislature last month, to remove the stigma "insane," "feeble-minded," "epileptic," that in the past has attached to certain institutions provided by the Government.

Some years ago the word "hospitals" was substituted for "asylums," and now they will be known as merely the Ontario Hospital, Toronto, or the Ontario Hospital, Ottawa, London, Hamilton, or whatever the name of the municipality may be. Various other slight amendments are provided for in the bill introduced by the Provincial Secretary. One of these opens up the way for larger grants to district houses of refuge and sanatoria for consumptives by wiping out the fixed grants, leaving the amounts to be fixed by order in Council. Another is that when any patient pays over $8.75 a week he shall, in making Government grants, be considered a paying patient.

NURSES' RESIDENCE OPEN

On April 10th the nursing sisters' residence at the Christie Street Orthopedic Hospital, Toronto, was opened, and the thirty sisters on the establishment of the hospital moved to their new quarters. Their new home is comfortable, but far from luxurious, and the accommodation for the nurses is not equal to that enjoyed by the patients in the hospital.

The Christie Street institution has now its full equipment of 950 beds.

When the establishment of nurses is complete there will be a force of fifty, all of whom, with the exception of half a dozen, having seen overseas service.

Dr. C. H. Vrooman, for the last eight years Superintendent of the King Edward Sanitarium, Tranquille, B.C., has resigned his position and gone to Vancouver, as superintendent of the tuberculosis clinic being erected in that city by the Rotary Club. His work will be diagnosis of suspected tubercular cases, a branch of the medical profession in which he is a specialist.

HAZLETON HOSPITAL

The annual meeting of the Hazelton Hospital was well attended.

The night was an ideal one for a sleigh ride and the people from both towns took advantage of the occasion and drove to the hospital, where Dr. and Mrs. Wrinch and the nurses made everyone welcome and feel glad to be alive.

Before the meeting started the visitors were given the privilege of seeing the new sterilizer in operation. Miss Uren, the superintendent of the training school for nurses, was in charge of the demonstration, and she not only showed the apparatus in action, but made the accompanying lecture most interesting. The sterilizer was a gift to the hospital by the people of the district. It was a most useful one and a much needed one.

APPROVAL OF MUNICIPAL HOSPITALS

Twenty-three of the leading physicians of Calgary have issued a statement to which their signatures are appended, expressing hearty approval of municipal hospitals, provided they are kept up to or are above the standard of the present efficiency of the Calgary General Hospital. Dr. H. A. Gibson, one of the number represented, when called upon for an explanation, stated that the reason for taking the step was because the public press had been harping continuously on the doctors being opposed to municipal hospitals. The doctors were not opposed to municipal hospitals, but they were emphatically opposed to political capital being made out of the movement, which a small element in the city had been trying to do in regard to the Calgary General Hospital, hence their present action

A fire in the laundry room, Isolation Hospital, Riverdale Park, Toronto, on March 21st, originating from a defective smoke stack, caused $350 damage to the contents and $150 to building.

NEW ISOLATION HOSPITAL

A new Isolation Hospital for Brantford, to cost $100,000, will be proposed to the electors by the local Hospital Board, the present one having long passed its usefulness. The Board has decided, too, to instal an ice-making plant at the hospital, this action being forced through the shortage of ice owing to the mild winter.

DEATH OF SUPERINTENDENT OF VANCOUVER GENERAL HOSPITAL

Dr. Daniel Mahoney, Assistant Superintendent of the Vancouver General Hospital, died on New Year's Day from pneumonia following influenza. He worked strenuously, until taken ill himself, in combatting the very serious influenza epidemic. and finally fell a prey to the deadly disease. Doctor Mahoney graduated from Queen's Medical School in 1916. He then removed to Calgary, where he was connected with the staff of the Calgary General Hospital. About eighteen months ago he succeeded Dr. J. A. Smith, as Assistant Superintendent of the Vancouver General Hospital. Dr. M. T. McEachern, Superintendent of the institution, in referring to the death of his colleague, said: "Words fail me to pay the high tribute of which my late assistant and dear friend, Doctor Mahoney, is worthy. His death at the Vancouver General Hospital has cast a gloom over the whole institution, in which he was so closely wrapped up, as well as over our city at large. He was a man among men and an outstanding personality in his profession. With his death has ended a brilliant career."

The amalgamation of the Ottawa General Hospital with St. Luke's Hospital, for the purpose of the erection of a modern hospital suitable to the present and future requirements of the city, is favored by the board of trustees, the medical boards of both hospitals, the board of control and the city council. Negotiations have also been entered into with Queen's University, Kingston, to secure their co-operation in the erection of such an institution, with a view of utilizing it for teaching purposes in the medical department of that university.

Military Hospitals

CLOSING UP HOSPITALS

Toronto will soon be without a single military hospital unless the plans of the military authorities go awry. The most recent announcement is that the patients from the Base Military Hospital are to be transferred to Long Branch, the former camp of the Royal Air Force, while the patients from the Central Military and Spadina Hospitals will be removed to St. Andrew's Hospital, under Lt.-Col. Hardy. Major W. Baillie will be in charge of the neurological department and will have a separate wing assigned to his patients. The D.S.C.R. will take over the Spadina Hospital, while the Whitby institution will shortly be taken over by the Ontario Government.

Figures procured at military headquarters indicate that the hospitals are gradually being thinned out of their patients, and there exists to-day a surplus of unoccupied beds totalling 1,118 in the aggregate of 3,350 available, leaving 2,296 now occupied. The figures of the Whitby Hospital indicate that the surplus is the greatest there, as out of 1,000 available beds but 466 are in use, elsewhere the figures are normal.

BIG HOSPITAL PLANS ARE NOW UNDER WAY

"We are devoting our attention at the present time towards providing hospital accommodation not only in Ontario, but throughout the whole Dominion," was the interesting declaration made by Col. F. McKelvey Bell, director of medical services for the Department of Soldiers' Civil Re-establishment.

Colonel Bell stated that the object of his visit at the present time was to inspect the R.A.F. camp at Beamsville, with a view to preparing a temporary hospital there until such time as the Woodbridge site was ready for occupation.

The Director of Medical Services pointed out that there was a very rapid increase of patients all over the Dominion.

"Our files lately," said he, "have been showing an increase of four to five hundred per week, and at the present time there are 6,000 men receiving medical treatment throughout the Dominion."

Colonel Bell gave the assurance that as soon as the transfer had taken place Davisville Hospital would be thoroughly decorated and would be used as a general hospital. The plans for the Woodbridge hospital site were now completed at Ottawa and in the hands of the Public Works.

"Woodbridge will be used as a special centralization hospital for tuberculosis," announced the colonel, "and the former limb factory school at 184 Spadina Avenue will be converted into a modern and up-to-date clinic."

It is learned that workmen are already busy on the interior repairs, and day and night clinics will be held there instead of the ground floor of the Keen's Building, as is the case at the present time.

INGERSOLL HOSPITAL AUXILIARY

At a meeting of the Ingersoll Women's Auxiliary to the Alexandra Hospital, the following officers were elected:

President, Mrs. J. M. Rogers; Vice-President, Mrs. J. E. Gayfer; Secretary, Mrs. F. N. Horton; Treasurer, Mrs. E. F. Waterhouse; Vice-Presidents from the churches: Methodist, Mrs. Russel; Anglican, Mrs. W. J. Wiott; Baptist, Mrs. F. W. Bowman; Presbyterian, Mrs. J. A. Buchanan; Church of the Sacred Heart, Mrs. James Fright; Salvation Army, Mrs. Henderson. Advisory Board, Mrs. R. B. Hutt, Mrs. George Herdman, Mrs. George Naylor, Mrs. W. A. Sudworth.

Alberta is to have a new hospital for soldiers, to be known as the Alberta Military Hospital. The Fairbanks-Morse Building, Calgary, has been taken over by the Department of Militia and Defence, and arrangements have been completed for the foregoing use.

CLINIC OPENS IN WINDSOR

A CLINIC of the Department of Soldiers' Civil Re-establishment was opened at Windsor last month, under the direction of Col. Rennie Casgrain, former O.C. of the Bushey Park Military Hospital, who returned some time ago from overseas.

DAVISVILLE IS TAKEN OVER

DAVISVILLE MILITARY HOSPITAL was taken over on March 31st by the Department of Soldiers' Civil Re-establishment and is now being administered by Dr. W. B. Stark, of the Medical Services Branch. The total number of patients receiving treatment to-day is 275.

SPADINA HOSPITAL SHIFT

THE announcement was made recently at " D " unit headquarters of the Department of Soldiers' Civil Re-establishment that Spadina Military Hospital had been taken over by this department for the enlargement of its medical services.

CONSOLIDATED MILITARY HOSPITAL SCHEME FOR VICTORIA

VICTORIA, B.C., has delegated its City Council to forward a communication explaining the city's proposition to the Federal Government regarding the consolidated military hospital scheme. The city has offered the Elk Lake area to be used as a site for the proposed central hospital, free of charge, together with free water, for so long as it may be required for hospital purposes, the loan to extend until two years after the expiration of the war. The Hon. Martin Burrell, Secretary of State and British Columbia's representative in the Cabinet, has addressed a letter to Mr. Hannington, the city solicitor who has acted for the Council in the negotiations, stating that there was no possibility, as far as he knew, in any contingency, of moving the present hospital establishments at Esquimault and Resthaven.

TO USE CAMP BORDEN IN DEMOBILIZATION

The Government intends to utilize Camp Borden in connection with demobilization and also in the hospitalization of invalided cases from overseas. It is adapted to this latter use particularly in summer.

The extensive buildings will be utilized in storing part of the vast quantity of equipment the soldiers will bring back with them.

Militia policy of the future is yet to be determined, but the location and equipment of the camp suggest its utility as a central training ground.

GUELPH MILITARY CONVALESCENT HOSPITAL

Some important changes have taken place at the Guelph Military Convalescent Hospital, and in a very short time the place will be changed from a hospital for convalescent soldiers to a sanatorium for men afflicted with tuberculosis.

The institution will in future be under the supervision of the Invalided Soldiers' Commission, instead of the Military Hospital Commission as formerly. Already the first lot of the tuberculosis patients have arrived at the hospital, seventeen coming from Gravenhurst.

DORCHESTER HOSPITAL, MONTREAL

The former MacDougall Home, of the Military Hospitals Commission, which was used as a Nurses' Home in connection with the Drummond Military Hospital, has been converted into a hospital to be operated by the Invalided Soldiers' Commission. It will be known as the Dorchester Hospital, and while its accommodation is not large, it will assist the Commission to care for discharged soldiers suffering recurrence of disability, until the completion of the Commission's plans for the acquisition of further hospital accommodation in that part of the country.

Items

THE A.C.S. AND HOSPITALS

THE American College of Surgeons is creating a Hospital Division. The proposal is to establish a Hospital Service Bureau, to give counsel and guidance to individual hospitals upon request, covering the sum of things which make for hospital efficiency as, for example, upon the following topics:—

(*a*) Right standards of training, faithfulness to duty, and character requisite for the privilege of practice in hospitals.

(*b*) Plans for new hospitals, reconstructions and additions, equipment and upkeep of hospitals.

(*c*) Organization of hospital boards and staff.

(*d*) Study of sources of hospital income; co-operation with the community.

(*e*) Adjustment of hospital service to the needs of the community.

(*f*) Cost accounting and business methods.

(*g*) Adoption of case records and laboratories to the needs of the hospital.

(*h*) Encouragement of research and helpful analysis to clinical work in the hospital.

In addition, it is proposed to promote the extension and continuance of hospital survey work, the classification of hospitals and the formation of sectional hospital conferences; together with the analysis and interpretation of hospital data, from time to time.

HOSPITALS are short sixty per cent. of their internes since the U.S.A. joined the Allies.

THE new wing to the Chicago Contagious Diseases Hospital is to cost $375,000.

AN American hospital for American and British officers has just been opened in Regent's Park, London.

TO BUILD HOSPITAL AT KINGSTON

TENDERS have been called for by the Militia Department for the construction of hospital buildings on King Street West, Kingston. These will cost a quarter of a million dollars. Queen's University buildings, at present used as a hospital, must be vacated next autumn.

NEW MILITARY HOSPITAL FOR SYDNEY, N.S.

A LARGE new military hospital is to be constructed at Sydney, Nova Scotia; the Government, while ready to stand the cost of the hospital itself, desires the city to provide the site. Major Freeman O'Neil, who has lately returned from Ottawa, appeared before the City Council with the proposition. All were unanimously in favor of it, and a committee was appointed to co-operate with the Government and place matters on a working basis as soon as possible. The annual meeting of the Sydney Anti-Tuberculosis Society took place in October. A hundred cases were reported to have been treated by this society and a large number of incipient cases cured. The Hamilton Hospital annual grant was renewed by the Town Council of North Sydney, after some discussion to withdraw it had been heard.

THE King paid a special visit to the Canadian Hospital at Doullens, during his recent visit to France. It had been deliberately bombed by the Germans a few months before. The King listened to the story of the outrage, which was related by the commanding officer, and as he was leaving he paid a special tribute to the nursing sisters and doctors, saying: "By continuing your work of mercy after such a terrible experience you have set an example to the whole world."

IT is announced at Halifax that No. 7 Canadian Stationary Hospital, the Dalhousie University unit, has been released from the special duties it has been performing during the past three months and is being held in readiness for an early return to Canada.

BEQUEST BY SENATOR RICHARDSON FOR HOSPITAL WORK

THE will of the late Senator H. W. Richardson, of Kingston, provides $100,000 for buildings or assisting hospital work for the benefit of consumptives, the expenditure to be directed by his wife, and $5,000 for the Kingston Orphans' Home for building purposes.

THERE are now six American hospitals in France serving with the B.E.F. These units have taken over hospitals of from 1,600 to 2,000 beds.

THE first unit of women doctors and dentists for service in a base hospital in France has been equipped by the Women's Hospital, New York.

THE United States Army Medical Department has completed a hospital programme to meet casualties and epidemics in the army on the Western Front. Each division of 27,000 men will have four base hospitals, two evacuation hospitals and four field hospitals.

Book Reviews

Nursing Technic. By Mary C. Wheeler, R.N., Superintendent of Illinois Training School for Nurses, Chicago, Ill. Thirty-two specially prepared illustrations under personal supervision of the author. Philadelphia and London: The J. B. Lippincott Company.

This little book should be found exceedingly useful to nurse probationers during their course of study. It goes into the very fundamentals of nursing, and should undoubtedly make their student days more simple and their nursing days more useful, both to their patients and themselves.

Hospital Accounting and Statistics. Fourth Edition. Compiled and arranged by William V. S. Thorne, Trustee, Presbyterian Hospital, New York. New York: E. P. Dutton & Co. 1918.

Following conferences of various hospital workers, in which need was expressed for a uniform system of accounting, this volume appeared and filled a long-felt want. Charitable institutions may obtain a copy of this book free of charge by request of their proper officer, upon the Treasurer of the Presbyterian Hospital, 41 East 70th Street, New York City. So there is no excuse for not having this valuable book in every hospital library. Methods recommended are worth adopting.

Chemistry and Toxicology for Nurses. By Philip Asher, Ph.G., M.D., Dean and Professor of Chemistry at the New Orleans College of Pharmacy. Second edition, revised. 12mo. of 209 pages. Philadelphia-London: W. B. Saunders Company, 1918. Cloth, $1.50 net. The J. F. Hartz Co., Ltd., Toronto, Canadian agents.

This book is dedicated "To my Dear wife," and will be found helpful to nurses who are married to their profession or expect to be married to "a mere man." We must confess

Chemistry and Toxicology, by the book, are very dry subjects. Dr. Asher apologizes for treating the subject so lightly and simply. Medicines are mentioned as to properties, doses and uses and numerous formulæ of compounds for reference only. It is time we had more medical books from New Orleans, with its vast clinical resources.

A Reference Hand-book of Gynecology for Nurses. By CATHARINE MACFARLANE, M.D., Gynecologist to the Woman's Hospital of Philadelphia. Third edition, thoroughly revised. 32mo of 160 pages, with 71 original line-drawings. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, $1.50 net. Canadian agents: The J. F. Hartz Co., Ltd., Toronto.

A splendid little pocket volume to be read on "Going on a journey" by tramcar, railway coach or steamboat. Lying on your desk, pick it up in odd minutes—always something of interest plainly and concisely told. Fine for nurses and medical students. See the pictures representing instruments needed at an operation. Buy.

Principles and Practice of Infant Feeding. By JULIUS HESS, M.D., Major M.R.C., U.S. Army, active service; Professor and Head of the Department of Pediatrics, University of Illinois College of Medicine; Chief of Pediatric Staff of Cook County Hospital, Philadelphia. F. A. Davis Company, publishers. English depot: Stanley Phillips, London. 1918.

This is a concise presentation of this very important subject. The best results, according to the author, are obtained when the theory of feeding and the study of actual cases are combined. Wherever possible, the subject under discussion is illustrated in the classroom by clinical cases and case records. Every general practitioner ought to know how to feed babies. It would pay him to visit Hess for a few weeks and get posted. The next best thing for him would be to secure such a volume as Hess's and read it in conjunction with the study of each case he is called to.

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The rubber used in surgeons' gloves is especially selected upriver fine para rubber from Brazil. A premium is paid over the usual ruling prices for a selection of the choicest parts of different shipments from that country. All the other ingredients are especially selected and tested before being used. The equipment consists of forms especially made for the purpose over which the gloves are dipped.

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A proof of their superiority was given at the Toronto Exhibition, fall of 1918, when Mr. Norton, of this company, who has both limbs amputated below the knees, one stump being nine inches below the knee and the other barely one and a half inches, lifted four hundred pounds actual weight (Fairbanks) several times a day, thereby proving their comfort and resistance; also by Mr. Dube, who has one limb amputated eight inches below the knee and the other fve inches above, who gave demonstrations of the control the wearer has of his artificial



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Buckskin sheeting may be boiled or steam sterilized, scrubbed with hot water, strong soap, washing compound or disinfectant, without injury. It is impervious to urine, blood and all other discharges.

Buckskin sheeting is guaranteed not to get soft or harden, peel, crack or discolor under the most severe usage and repeated sterilization. Buckskin sheeting is guaranteed for one full year's service in hospital use and under ordinary conditions will outlast our guarantee many times.

Walrus Brand hospital sheeting is the original and genuine impervious sheeting without rubber. It is made especially for heavy hospital use and is particularly adapted for use in hospitals for insane, penal institutions, construction camps, etc., where sheeting is subject to hardest wear.

Walrus Sheeting is heat, water, acid and urine proof. It is not injured by coming in contact with gasoline, oil, chloroform, ether, alcohol, and other substances that will ruin rubber. It may be scrubbed with hot water, soap or lye and sterilized repeatedly without injury. It will not crack, blister or peel. Is not affected by any climate. It lies flat on the bed; is not easily wrinkled; is comfortable for the patient; will outwear any ordinary quality rubber sheeting and will last twice as long as the cheap imitations of it that are on the market.

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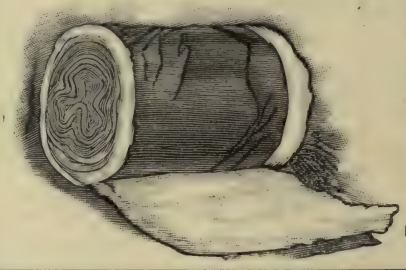
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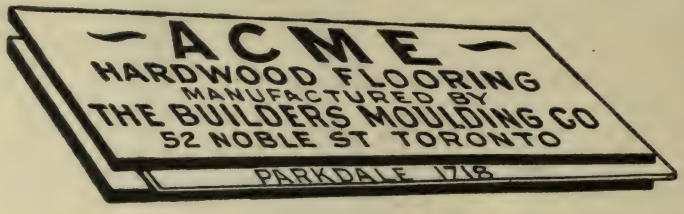
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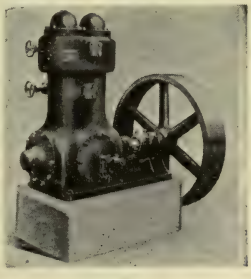
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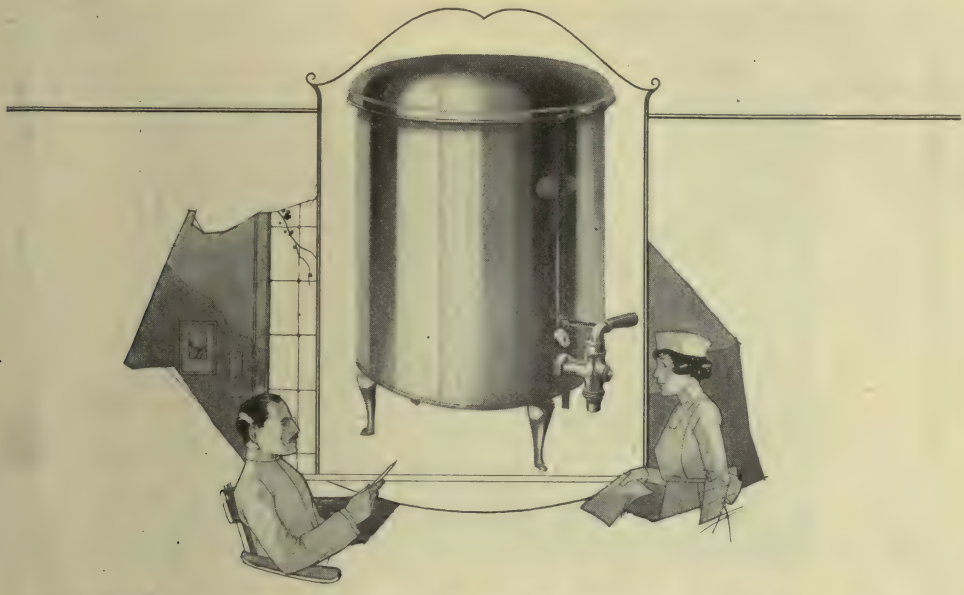
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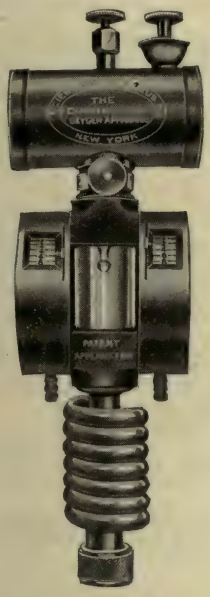
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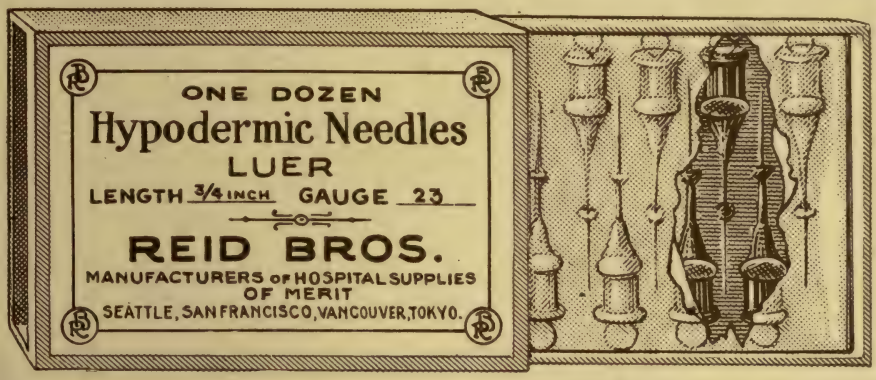
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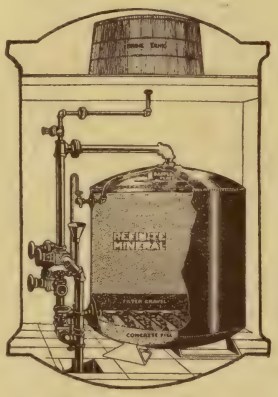
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THE HOSPITAL WORLD

Vol. XV Toronto, June, 1919 No. 6

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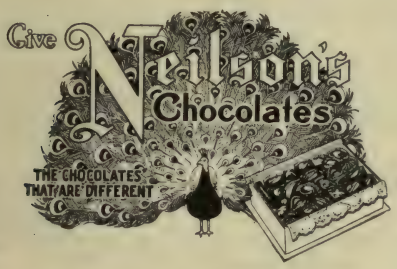
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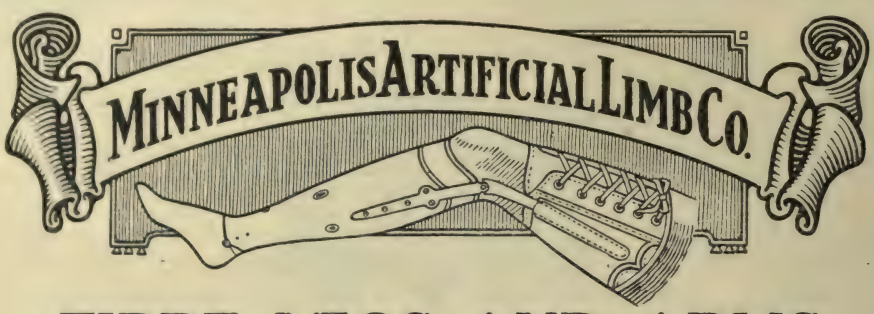
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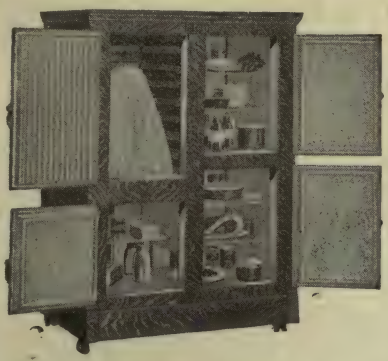
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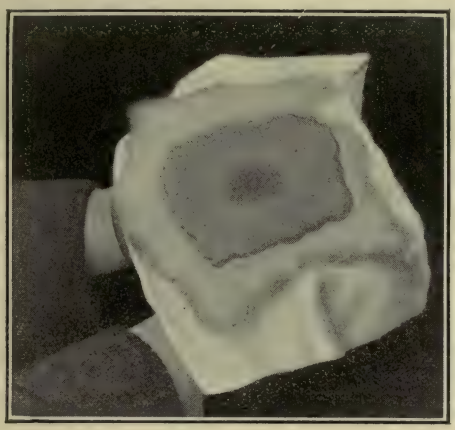
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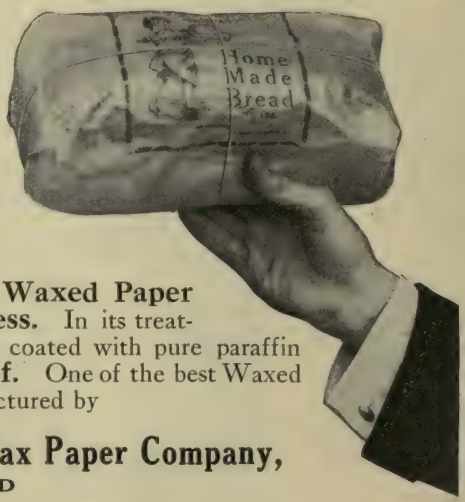
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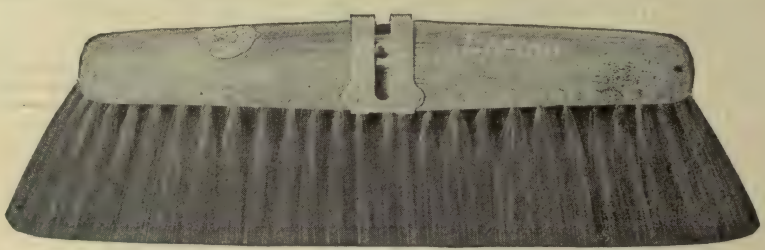
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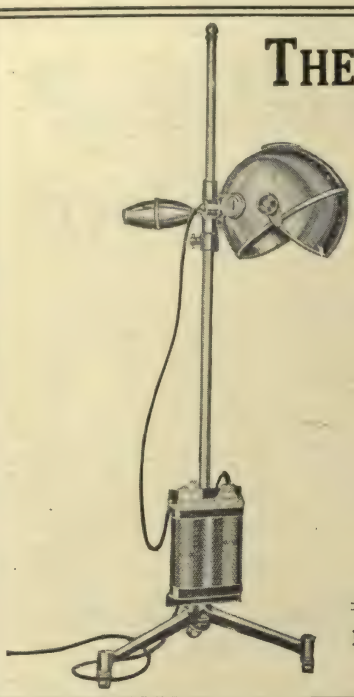
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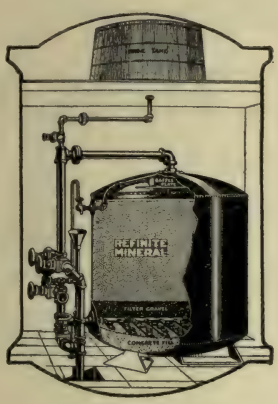
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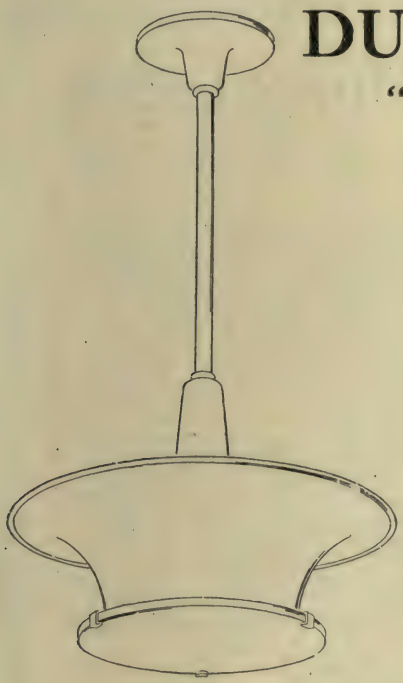
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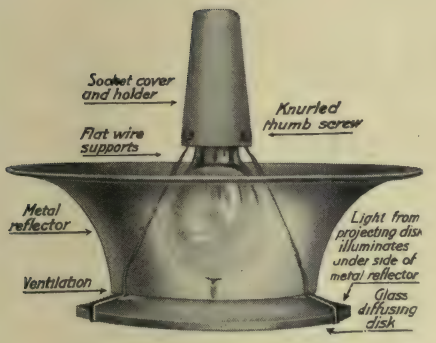
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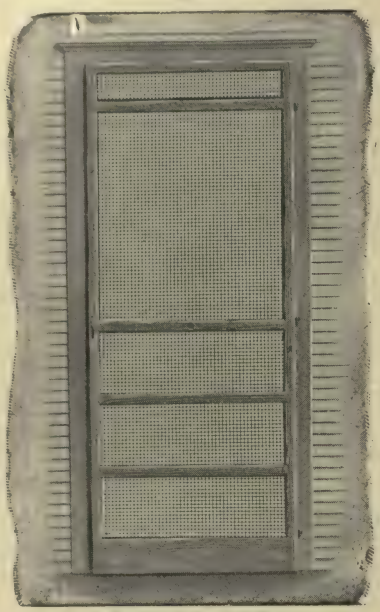
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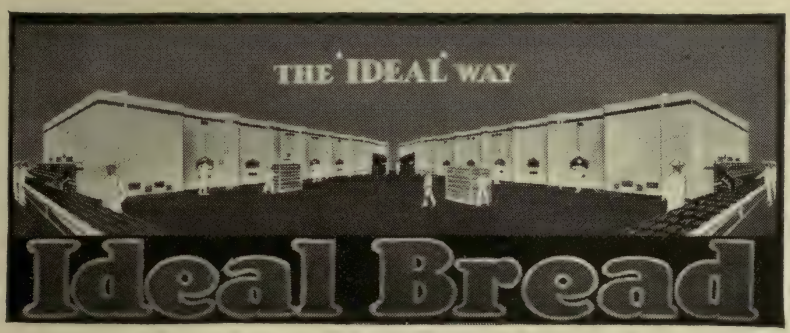


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The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums, and Public Charitable Institutions throughout the British Empire.

Vol. XV. TORONTO, JUNE, 1919 No. 6

Editorials

HOSPITAL HEATING AND VENTILATING

MR. E. R. DOLBY, M. Inst. G. E., contributes a paper on this subject in *The Hospital Gazette*. He maintains rightly that when a new hospital is to be built a consulting engineer should be appointed at the same time as the architect, and that the two must work in conjunction if the most efficient results are to be attained. No one single system of ventilation or of heating is applicable to all hospitals; because some are situated where there is no public supply of water, gas and electricity, while others are situated in urban areas where there are public supplies of these things. Then the size of the hospital has something to do with the problems.

In a general way, Mr. Dolby recommends natural systems of ventilation—by windows, transoms, and open fire-places, rather than the mechanical systems —exhaust and plenum. He does allow that fans for

exhaust may be allowed in out-patient departments, the operation suite and the rooms where medicines are made and dispensed. In America we would make this provision in toilet and sick rooms. We presume Mr. Dolby doesn't mention or recommend the fans for these rooms seeing that these utilities usually in Great Britain are placed in sanitary towers which are separated from the wards by air cut-offs.

Mr. Dolby favors heating by means of the hot water system, rather than by steam; and would admit fresh air to the wards through openings in the walls behind the radiators. He favors pumping the water through the system. The supply of water to the large boilers is warmed in calorifiers heated by the exhaust.

The essayist calls attention to the necessity of plenty of hot water for baths, and lavatories—but not too hot; and of very hot water for the sculleries and sterilizers in order that dishes, utensils and instruments may be sterilized.

Mr. Dolby, as well as one of the discussants of his paper, called attention to the frequent carelessness of nurses in leaving hot water taps running causing bathtubs to overflow. They alluded to catch basins instituted in some of the hospitals with the idea of catching the overflow from such waste, but, apparently, these devices had not been found very efficient.

The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums, and Public Charitable Institutions throughout the British Empire.

Editors:

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ALEXANDER MacKAY, M.D. Inspector of Hospitals, Province of Ontario. Former Chief Medical Officer, Board of Education, Toronto.

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Original Contributions

THE MEDICAL CORPS OF THE ARMY AS A CAREER

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To THE young men of the profession who are serving their interneship and planning for their future, the Medical Corps of the Army as a career presents itself. Many give this service little consideration, because they lack information as to what the corps is and what it has to offer, or because of a misconception of the duties and functions of the medical officer.

Even those who are better informed, and are seriously considering the army as a life work, have little real information as to the duties of the medical officer; the question of pay and allowances is but vaguely understood, and even less known as to what is offered from a strictly professional point of view.

An applicant naturally asks: "What are the duties of the medical officer? What opportunities are offered, and is there encouragement to specialize? What are the requirements for admission?"

In the first place, one must bear in mind that the medical officer is not only a physician, but in addition he is a soldier and an integral part of a highly organized body. Hence he has to co-ordinate himself and his duties with the whole in order that the organization may work smoothly, as it is on the medical officer that the commanding officer depends for the efficient administration of the sanitary service, the health of the troops, the care of the sick, and the prompt return of the physically fit to their organizations.

THE MEDICAL OFFICER AS A SPECIALIST.

The medical officer is a specialist, trained for certain specific duties, aside from the care of the sick, which do not fall to

the lot of the civil practitioner. He is an administrator, a sanitarian, and cares for the sick and injured. In the case of the sick and injured the medical officer has a twofold responsibility: the protection of the interests of the government, and justice to the individual.

The primary duty of the medical officer is that of a sanitarian. He must safeguard the health of the command by familiarizing himself with the health conditions of surrounding territory, and take measures to prevent the introduction of epidemic diseases into the camp or garrison. Should an epidemic occur he must make early diagnosis of the disease, institute such measures as will limit its spread, care for those sick, isolate contacts, and eliminate carriers; all of which requires sound judgment, common sense, and quick decision.

The history of the medical service of the army is rich in examples of the distinguished work of its individual officers. Their work as sanitarians in Cuba, Porto Rico, the Philippines and Panama forms a brilliant page in the history of preventive medicine. One has only to read medical literature for the past eighteen years to be familiar with their accomplishments.

The work of the corps as a whole is shown in the remarkably low morbidity and mortality rates among the troops recently and now on the border, both regular troops and those in the national guard. To perceive its value, the death rate of the Spanish-American War should be contrasted with the conditions in Texas since 1911. A concrete example of the former was the unhappy condition of the division of volunteers at Jacksonville, Fla., in 1898. There 10,759 men, within four months, had 248 deaths from typhoid fever and 281 deaths from other illness, a total of 529, equivalent to an annual death rate of 147.4 per thousand; of this total, 78.3 per thousand were due to diseases other than typhoid. Against this, the division of regular troops which was encamped at San Antonio, Texas, in 1911, for the same length of time, had no deaths from typhoid fever, and but eleven deaths from other diseases, equivalent to an annual death rate of 2.58 per thousand per annum, and a death rate for diseases other than typhoid fever of less than one thirtieth of that among the volunteers at Jacksonville,

Fla., in 1898. The comparison illustrates the work of the military specialist as against that of the practitioner untrained in the special duties of the medical officer.

Troops have for the last five years been on the border under field conditions with a sick rate less than the average garrison rate. Since June the national guard has been encamped on the border under conditions similar to the regular service. Although many of the officers and enlisted men of the national guard were untrained in sanitation, army methods were enforced by army sanitarians from the time of their arrival. The result is shown in the low sick rate, averaging less than 30 per thousand for all troops, about 150,000 with only 166 deaths from disease in seven months; a (total death) rate of 1.9 per thousand per annum against a death rate from sickness in 1898 of 28.18 per thousand per annum. Such results can be accomplished only by specializing, by creating a medical corps which will be the great conserving agency of the army in peace or in war.

In civil life, the practitioner, unless possessing ample means, specializes only after some years of general practice. In the army he begins to specialize while a student candidate for commission; for it is at the Army Medical School that the special duties of the medical officer, as differing from practice in civil life, are taught. Later, after qualifying for the corps and receiving a commission, the medical officer is encouraged to specialize in one of the several branches of the profession, just as does the practitioner in civil life.

Requirements.

An applicant for a commission in the Medical Corps of the Army must be a graduate of a reputable medical school, must have served one year (postgraduate) as a resident interne in a hospital, and must be of good moral character, physically sound, and between the ages of 22 and 32 at the time he receives his commission. He is required to submit an application in his own handwriting, accompanied by two letters or testimonials, and evidence that he is a graduate of a medical school, that he is within the age limit, and that he has served the required interneship.

Twice a year or oftener, boards for the supervision of the preliminary examinations are appointed, and these boards, meeting on a specified date and hour, hold sessions in various parts of the United States and its dependencies. The examination is physical and professional. After the physical examination comes the written examination. In this a day is given to major subjects and a half day to minor subjects. As these boards are merely for the purpose of conducting the physical examinations and supervising the written examinations, the reports of the physical examinations and the papers of the various candidates are sealed and sent to the surgeon-general of the army, who in turn forwards them with the testimonials of the applicants to the central examining board, appointed by the Secretary of war, usually from the faculty of the Army Medical School. The papers are graded by the individual members of the central board, and the markings later reviewed by the full board. The successful candidates are reported to the surgeon-general, who submits recommendations to the adjutant-general of the army that they be commissioned as first lieutenants in the reserve corps, in order that all candidates for the corps may have an official status while attending the Army Medical School. If the examination is in January, the successful applicants are commissioned at once and when practicable ordered to active duty at a post or in the field until the opening of the Army Medical School, October 1.*

The Army Medical School.

Attendance at the school and graduation therefrom are prerequisites for a commission. The course is both undergraduate and postgraduate—postgraduate in the sense that the laboratory courses are of the highest order, on a plane far above that taught at the average medical school. No similar advanced course is offered elsewhere, except in postgraduate schools to applicants for higher degrees. The school is under the command of a colonel of the medical corps, who is assisted by a

* Owing to the shortage of medical officers, the school years 1916-1917 and 1917-1918 will be divided. The school will open July 1, and Oct. 1, 1917, and March 1, 1918. Candidates who qualify at this time would enter the school July 1, and receive their commissions in October, saving almost one year in their service.

There are at present 230 vacancies in the corps, with less than 100 qualified applicants. July 1, there will be an additional 222 vacancies.

faculty of medical officers. The course includes military medicine and surgery, sanitary chemistry, camp sanitation, the hygiene of the soldier, sanitary tactics, bacteriology, pathology, operative surgery, clinical medicine, ophthalmology, roentgenology, the duties of the medical officer, administration, the customs of the service, military law and equitation. The discipline of the school is strict, the requirements high and the work hard. The midterm examinations practically settle the future of the student. If he holds up to the standard after passing these examinations, he is almost sure of his commission; but should he fail at the midterm examination, he is relieved from duty at the school and ordered to his home.

The final examinations are held in May, and diplomas awarded to those who graduate. Commissions are issued to graduate candidates who obtain more than the minimum passing mark, and who are physically qualified for the service.

Even should a candidate fail to obtain a commission, he has received a course of instruction which cannot be duplicated in civil life. He attends school as an officer of the reserve corps, with the pay and allowances of the grade, equaling about $200 per month, and mileage to and from his home, the government in addition paying for the transportation of his household goods up to 5,100 pounds. This is the material side. From the professional side he has the advantage of work for eight months, in laboratories and wards equipped with the best and most modern apparatus, under instructors who are themselves specialists in the various branches of the profession. The foundation for a specialty is laid in the school—whether it be in internal medicine, surgery, bacteriology and pathology, roentgenology, ophthalmology, sanitation or any other branch of medicine.

The school also provides postgraduate instruction to commissioned medical officers, who in such numbers as can be spared from other duties are ordered to the school for four months each year for special work.

Practical Duties.

The newly commissioned medical officer is first assigned to post or field duty in the United States, where he must apply the

theory learned at the Army Medical School. He later takes his tour of foreign service, either in Alaska or the Philippine Islands for two years, or in the Canal Zone, Hawaiian Islands, or Porto Rico for three years. The foreign service roster is fixed for each grade, and an officer takes his tour of service when his name is reached on the list. On foreign service the routine duties are the same as at home, but each officer is expected, so far as his ability permits, to take up the study of the diseases peculiar to the locality in which he is stationed.

In addition to the facilities for study in the medical department, the medical officer thus is assured of travel in foreign lands, with its attendant opportunities to observe the peoples thereof and their customs. While on duty in the Philippine Islands, leave of absence can readily be obtained, when service conditions permit, for the purpose of visiting Australia, the East Indies, China or Japan; and at the end of his tour authority (in time of peace) to return to the United States *via* the Suez Canal or Siberia. If on duty in Porto Rico or the Canal Zone, similar privileges are available to visit South America, with which there is direct communication by steamship.

The medical department takes a paternal interest in its officers, and encourages the ambitious and studious by supplying equipment of operating rooms, Roentgen-ray and research laboratories, etc. New publications are sent to posts and general hospitals; periodicals are supplied, and special books are furnished on requisition. In fact, the department aids and encourages the personnel of the corps in every way so far as the interests of the service will permit.

Leaves, Postgraduate Study and Service.

Leaves for study are granted to officers when possible. Prior to promotion, captains are assigned for one year to medical centres for the purpose of study and research. Officers so assigned are expected to attend clinics, take courses at a postgraduate school, and to specialize in some branch of the profession. Reciprocal arrangements have been made with certain medical schools and foundations for special privileges to medical officers on condition that medical officers give instruction in military medicine, hygiene and the duties of the medical

officer. Officers selected for these assignments enjoy opportunities which come to few of the profession in civil life.

Promotions and Pay.

In passing through the various grades from first lieutenant to colonel, examinations are required. Should a lieutenant or captain fail in examination, he is honorably discharged with one year's pay. Should a major or lieutenant-colonel fail in examination for promotion, he is suspended from promotion for one year, is then re-examined, and, should he fail the second time, is placed on the retired list.

The pay of the medical officer may be compared to that of a full-time instructor or professor in a medical school. The first lieutenant receives $2,000 a year in addition to allowance for quarters, fuel and light. The basic pay of captain (a grade attained after five years' service) is $2,400 a year, with 10 per cent. increase for each five years' service up to twenty years. This gives a 40 per cent. increase, or a maximum pay of $3,360 a year, with allowance of quarters, fuel and light. The pay of a major is limited to $4,000, lieutenant-colonel to $4,500, and a colonel to $5,000 a year, with quarters, fuel and light. The law also provides for retirement on three quarters of the pay of the grade for disability at any time in line of duty, or for age at 64. The earnings are less, perhaps, than those of men of equal ability in civil life, "but the position is one of dignity, opportunity and service to one's country."

Advantages of the Service.

Never since the establishment of the medical department by Congress have the opportunities been so great, never has the medical corps been on a better footing, and never have the officers of the corps been encouraged to work along independent lines and to specialize as now. Socially there is the association with the highly educated, thoughtful and purposeful men and women of the service, the absence of the social jealousies often encountered in civil life, the assurance of a home, and a competence during life.

In the medical corps, as in civil life, there is opportunity to promote the progress of medicine and to achieve individual distinction. As in civil life, the advantage to be taken of this opportunity depends on the individual, the real difference being that in the army there is a constant incentive for duty, if not from individual ambition, at least by pressure from higher authority, although the officer who requires constant pressure from higher authority does not last. It is the professionally fit who succeed in the army as elsewhere, the men who require no incentive other than their own ambition.

Canadian Hospitals

THE FREE PUBLIC HOSPITAL MOVEMENT

A VERY strong movement for free public hospitals, especially for the rural districts, has been sweeping the West. There has been an increasing demand that provincial governments assume a greater measure of responsibility for public health. This has, no doubt, been brought about by what has been accomplished by the military medical departments. It is urged that if a complete medical and hospital service can so improve conditions among the soldiers, an equally complete service for civilians would have the same result.

Each of the prairie provinces, in response to this agitation, has enacted legislation. Saskatchewan and Alberta have passed Hospital acts providing for public hospitals to be controlled and financed by the taxpayers of the districts which they serve. The Alberta act is considered the most advanced measure enacted anywhere in Canada. It recognizes more fully than the Saskatchewan act the primary responsibility of the government, and provides a scheme of organization closely paralleling that for education, in which the government assumes the initiative in all organizations. The Alberta act lays the foundation for a system of hospitals as complete and gratuitous as the public schools. It is based on the principle of the direct responsibility of the state for maintaining the health of each and every citizen. The office of Minister of Municipal Affairs is combined with health matters. Alberta has paved the way for a revolution of the present methods of safeguarding health; it provides the Minister of Health with adequate machinery to carry out a progressive democratic policy for complete nationalization of health within the boundaries of the province.

The act provides for alternate initiative by the Minister and the ratepayers. This prevents action by the Government before the ratepayers of a given district are ready for action, but gives the Minister full general supervision over the administration by

the local boards of each district. The Minister establishes the districts; the ratepayers, by petition, set the machinery of the act in motion; the district board then assumes the executive, establishing a hospital having the benefit of provincial architects, provincial medical staff to advise them as to plans, costs, etc., and the scheme is submitted to the Minister before being submitted to the ratepayers. Individual ratepayers have access to the Board of Public Utility Commissioners for redress for a wronged minority. These commissioners also adjudicate on disputes as to site when the various sections of the district fail to agree. Formerly many municipalities had endeavored to combine by mutual agreement to form hospital districts, but, with the exception of Lloydminster, the plan failed owing to dispute over sites, the inertia of one municipal council or the hostility of another. By the present act it is believed Alberta will be much better served, as many local improvement districts would have been left isolated owing to financial inability to participate in the organization of the district to which it naturally belonged. The Alberta act differs from the Saskatchewan act in that the latter does not provide for such extensive Government initiative. While the Saskatchewan act permits municipalities to unite to form hospital districts, the Alberta act provides that the Government shall lay out suitable districts without regard for municipal boundaries and having regard only for the necessities of the hospital. It is designed to enable the Government to progress in line with the progress of public opinion, and it leaves to public or voluntary initiative only as much as is absolutely necessary to preserve local autonomy.—*The C.M.A.J.*

The Medical Association of Calgary has put forth the following statement: "As medical men, we are not much concerned as to who has control of the hospital; all we desire is an efficient up-to-date institution where scientific treatment of the sick can be carried out. As an Association we have not approached nor pledged our support to any candidate for any public office, nor do we intend to do so. We shall use our votes and influence as citizens and ratepayers to elect men from any class who have shown themselves best fitted for the office."

RECEPTION HOSPITAL, TORONTO, IN A DEPLORABLE CONDITION

It was decided by the Board of Control on January 16th that $2,000 should be spent in repairing and improving the Reception Hospital building, Toronto. Mayor Church said the erection of a new hospital building was the responsibility of the province, and not of the city.

Commissioner Chisholm reported that the repairs that could be made for the sum mentioned included laying cement floors in certain sections of the basement, placing of two bathrooms in sanitary condition, alterations to plumbing, and painting portions of the building, and the thorough cleaning of the building.

The Commissioner pointed out, however, that the building was never designed with a possibility of converting it into a hospital. He says there are no rooms available for the isolation of violent patients or for segregation of those suffering from contagious diseases. It is also impossible to provide proper quarters for the day and night staffs, and, altogether, the premises are not suitable or equipped for reception hospital purposes.

A report from Dr. Clare to Hon. W. D. McPherson was enclosed, in which he notes the different classes of patients that have to be accommodated in one general ward. At one time these were—epileptics, venereal disease cases, loss of memory, delirium tremens, remands from police court on various charges, women taken from bad houses and sent to the hospital to have their sanity tested, women suffering from acute mental symptoms, tubercular cases, and others. These patients, he says, all have to go into a common ward and use a common lavatory.

Patients of all classes of society have to be treated.

As to the building, Dr. Clare says: "The roofs are leaking, the walls are cracked, the heating system is old." He says there must be separate departments for the men and women, accommodation for nurses and female help, accommodation for male nurses and employees, accommodation for stores, rooms for offices and medical work, accommodation for laboratory and for medical officers and accommodation for kitchen work.

The hospital has since been ordered to be closed. On account of the date of going to press, we are unable to state the result of the negotiations on the subject between the City of Toronto and the Provincial Government, but we very earnestly trust that, under no circumstances, will the Reception Hospital in Toronto become a thing of the past. Such would be a disgrace and result in many poor, unfortunate people being thrown into jail. In our opinion it is the duty of the municipality to provide such a building. Why not have a Pavilion erected, either on the grounds of the Toronto General Hospital or in its immediate vicinity, which would serve the double purpose of housing the patients and at the same time giving the necessary clinical material for the teaching of medical students, a subject that has never received the attention it deserves from the Medical Faculty of the University of Toronto?

ANNUAL MEETING OF THE VICTORIAN ORDER OF NURSES

At the twenty-first annual meeting of the Toronto Branch of the Victorian Order of Nurses held on February 24th, in Gage Institute, His Excellency the Duke of Devonshire, Governor-General of Canada, and patron of the Victorian Order of Nurses for Canada, paid splendid tribute to the nurses of the Toronto branch. "Yours is a noble work," he said, "and worthy of the highest praise. The nurses from your Order who have gone overseas, and there are many, have achieved a wonderful record."

Letters of regret were read from Sir John Hendrie, Lieutenant-Governor, and Mayor Church, whe were unable to be present.

In the absence of Sir William Gage, president of the Order, Arthur Hewitt, vice-president, presided, giving the yearly report of the Executive Committee. Before introducing the report Mr. Hewitt paid tribute to the nurses of the Victorian Order who had volunteered for overseas duty in large numbers.

"The call for the services of trained nurses is becoming more insistent each year," he said, "and a great expansion in the work of the Toronto branch is only prevented by our not being able at the present time to obtain additional nurses. In 1918, 12,195 births were registered in Toronto. Of these our nurses attended over 1,400, or a little less than one-eighth of the total. The benefit of our organization was shown during the influenza epidemic. Our calls for help were continuous day and night."

The statement on the financial report showed that the disbursements for the year were greater than the receipts. During that time the total receipts amounted to $30,948.55, while the disbursements totalled $31,869.52. The balance of the mortgage on the Home, which amounted to $3,500, has been paid. Two Ford cars were purchased, costing $1,474, and the bank overdraft increased from $236 to $1,015.

Dr. William J. Dobbie, in his medical report, stated that the expansion of the work of the Victorian Order of Nurses was only hampered by the fact that competent nurses were hard to secure. "This has been overcome to a certain extent by the use of motor cars, but I would advise that careful consideration be given to overcoming the difficulty," he said.

Miss Elizabeth Hall, superintendent of the Toronto branch, stated in her yearly report that 5,757 patients had been attended and 35,739 visits made. "This is 1,087 more patients than last year and 5,239 more visits," she said. "As our staff has not been enlarged we can credit the extra assistance rendered to the motor cars which have been at our disposal."

From now on the calls for New Toronto and Mimico will be met by a nurse at Sunnyside, who can take suburban calls with her city work. In September the Parkdale house was closed.

Receipts for the University Hospital Supply Association for December and January total $1,540.39. In December 12 boxes containing 542 articles and 720 socks were sent to the Soldiers' Comfort Committee.

ORILLIA WISHES TO BUILD INSTITUTION AS MEMORIAL TO SOLDIERS

Mr. J. I. Hartt, M.P.P. for East Simcoe, headed a deputation which waited on Sir James Lougheed, Federal Minister of Soldiers' Civil Restablishment, and Hon. W. D. McPherson, Provincial Secretary, at the Parliament Buildings on January 8th. The deputation asked assistance in the erection of a memorial hospital for soldiers at Orillia. Sympathetic consideration was promised.

The proposal is to erect a hospital for general purposes. To make it of service to soldiers it is proposed that any soldier who enlisted from Orillia, or who ever lived there, shall be given free medical and surgical hospital treatment as long as he lives.

Already $60,000 has been raised by private subscription. Orillia has granted $25,000 and the adjacent township has promised $5,000 toward maintenance. It is estimated that the cost of the institution would be about $100,000, so that $40,000 would be required from the Governments.

The Victorian Order of Nurses of the City of Toronto cared for 1,400 maternity cases and made over 55,000 visits during the year. They attended to nearly one-eighth of the maternity cases of the entire city, and Miss Hall, the lady superintendent, 281 Sherbourne Street, who is anxious to increase the staff from 18 to 30 nurses, will be glad to receive letters from, and give information to qualified applicants.

The Exchequer Court held a sitting at Kingston on January 23rd, with Judge Walter Cassels presiding. The Militia Department has taken "Ongawanana," formerly the suburban residence of the late Edward J. B. Pense, for hospital purposes, and Mr. Justice Cassels has to decide the price to be paid. The Pense estate asks $85,000.

There were 1,322 patients in the Provincial Mental Hospital, British Columbia, at the beginning of August and 1,339 at the end of the month, during which time sixty-three were admitted, seven returned from probation, nine were discharged, six died, and seven escaped.

A NEW SALVATION ARMY HOSPITAL

A NEW Salvation Army Hospital for Halifax was recently announced by Commissioner Richards of Toronto. The Commissioner stated that Dalhousie University had donated a site worth $26,000, and that, with the help of the Medical Association of Halifax and the City Council of that city, a drive would be launched to meet the cost of the building, $150,000. This hospital, the Commissioner stated, would be of indirect assistance to Toronto and other Canadian points, because of the fact that women and children taken ill on board steamers would, on arrival at Halifax, be cared for and restored to health before resuming their journey.

OTTAWA AFTER HOSPITAL

WITH very little discussion, and with undivided opinion, the City Council of Ottawa, on February 24th, decided in favor of asking the Legislature for authority to raise $1,500,000 for the purpose of establishing a civic hospital.

THE report of the proceedings of the first annual convention of the hospitals of British Columbia has just been issued, and contains a quantity of highly informative and useful matter. It is so comprehensive that it should be possible for the entire medical and nursing profession to benefit almost as much from a perusal of the bulletin as if they had attended the sessions of the convention. Comprised in the report is the constitution and by-laws of the British Columbia Hospital Association, so that any of the smaller hospitals in the province which were unrepresented at the time, by getting the bulletin, can learn all the requirements of membership, etc. In the election of officers, Hon. J. D. Maclean was made honorary president; Dr. M. T. MacEachern, president; first vice-president, R. S. Day; second vice-president, Major Gray, of New Westminster secretary, Mrs. Johnson, Vancouver, and treasurer, Dr. Gate wood, Vancouver.

THE ROYAL RED CROSS AWARDED TO CANADIAN NURSES

THE Royal Red Cross has been awarded to the undermentioned Canadian nurses for valuable services rendered:

First class—Miss Jean Cameron-Smith, matron No. 13 General, Hastings; Miss Martha McBride, assistant matron No. 5 General, Kirkdale, Liverpool; Miss Christina Mary Mowbray, nursing sister, Red Cross Special, Bushey Park; Miss Isabella Wilson, nursing sister-in-charge, Convalescent Hospital, Bearwood Park, Wokingham.

Second class—Miss Gertrude Olivia Donkin, Red Cross Officers' Hospital, London; Miss Jane Glendenning, sister, No. 14 General, Eastbourne; Miss Edith Louise Hibbs, nursing sister, 5th General, Kirkdale, Liverpool; Miss Anne Reaby Hinchey, Convalescent Hospital, Matlock Bath, Derbyshire; Miss Bernardette Loneragan, nursing sister, 11th General, Moore Barracks, Shorncliffe; Miss Olive Alexina MacKay, nursing sister, Granville Special, Buxton; Miss Helen Irene Robertson, sister, 4th General, Basingstoke, Hants; Miss Rose Anna St. Arnaud, nursing sister, Red Cross Special, Buxton; Miss Mary Farmar Steele, nursing sister, 16th General, Orpington, Kent; Miss Martha Jane Stewart, assistant matron, 12th General, Bramshott, Hants; Miss Leonie Isabel Whitworth, nursing sister, 5th General, Kirkdale, Liverpool.

HUNDRED-BED HOSPITAL FOR NIAGARA FALLS

NIAGARA FALLS Council passed a resolution recently to raise $50,000 toward a hundred-bed hospital to cost $100,000. Public subscriptions are to meet the other half of the cost. The City Council has ordered the purchase of a $2,500 combined ambulance and patrol waggon for the use of the police and the hospital. The Council also donated $2,000 to the Red Triangle.

THE new Kootenay Lake General Hospital, costing $125,000, has been officially opened at Nelson.

The Hon. J. G. McKay, the first Provincial Minister to be put in charge of health affairs in any province in Canada, has come forward with the announcement of a hospital policy for Alberta of a most progressive nature. He advocates salaried resident doctors in all district hospitals; training schools for nurses, maintained jointly by the Provincial Government and the large cities, including the cities under the Municipal Hospital Act. He proposes that henceforth the Provincial Department will take the lead in organizing and advising hospital districts. In this he completely reverses the plan formerly adopted, which left everything to the initiative of the rural municipality. The Moose Jaw Board of Trade first fathered the idea of provincial hospitals at the Prince Albert Board of Trade convention some dozen years ago.

Welfare workers have under consideration the project of uniting all charitable organizations in one federation and carrying on their work through an appeal, once a year, for financial aid to hospitals and charitable institutions, which, on this footing, they believe would receive a better support. Last year, the president of the Rotary Club conferred with the Board of Control and the Social Service Commission in regard to the adoption of the plan, but nothing definite has yet been decided. American cities, in increasing numbers, are adopting this means of carrying on charitable work. Close co-operation, the prevention of overlapping, and the elimination of a number of appeals on behalf of various institutions are avoided under this plan, and the fact that an individual charity is a member of the federation is a guarantee that the institution is carrying on a definite work.

A hospital is to be erected by the English-speaking Catholics of Montreal in memory of those who made the supreme sacrifice in the great war. It will be conducted by the English Sisters of the Hotel Dieu, and will, it is estimated, cost within the neighborhood of $500,000. Although no publicity has, as yet, been given the movement, $50,000 has already been subscribed.

A HOME for the deaf and dumb, to cost approximately $500,000, has been decided on by the Manitoba Government and was recently announced by Hon. George A. Grierson, Minister of Public Works. The Home will be located in Winnipeg, or closely adjacent to the city. The Government has adopted a unique plan to secure the most efficient and up-to-date building. Five leading architects have been asked to supply plans, in which will be embodied the latest ideas for deaf and dumb institutions. These five plans will be purchased outright by the Government and the best ideas adopted.

ALBERTA will have the additional accommodation it asked for at the sanitarium to be built by the Domiinion and Provincial Governments near Calgary. A telegram to this effect has been received from Sir James Lougheed, at Ottawa, stating that the Federal Government would grant the extra appropriation of $60,000 which would be necessary to build an addition providing room for another seventy-five civilian patients. The total expenditure will be $460,000, of which the Dominion Government will pay $260,000, and the province $200,000, the entire plant to become the latter's property after five years.

THE Provincial Government of Alberta has undertaken to provide proper medical and nursing care for unorganized fringes of settlement which it is impossible to organize into hospital districts for some time to come, and has set apart $25,000 to settle returned army medical men, or other doctors, in these places, and to pay them bonuses which will enable them to carry on; they also gave a grant of $5,000 to the Victorian Order of Nurses this year. The purpose of the grant was to enable the Order to pursue its work over a larger area. The foregoing announcements were made by the Hon. J. G. MacKay before the convention of the Alberta Association of Local Improvement Districts and Rural Municipalities. He also held up before the convention the ideal of the public school free system for hospitals as well as schools, and urged them to approach this as nearly as possible in their local schemes. He outlined proposed amendments to the Hospital Act, which will be brought up before the Legislature this session, bringing cities under the act and so linking up the

larger city hospital facilities. He referred to boundary disputes and said the department proposed to effect drastic readjustments in Mannville and Drumheller to satisfy dissatisfied townships. In future no boundaries would be approved until the Minister's advisers had gone thoroughly over the territory and canvassed every township. Referring to the problem of tuberculosis, he said that the provision of sanitariums would be costly, but the Government had made a start in the Bowness institution. To give proper care to the feeble-minded, such as was being done in certain States, would require an initial outlay of half a million dollars. The health estimates of the province would shortly have to be increased to ten times the present sum for general work. Mr. MacKay summarized the work in the influenza epidemic and congratulated local agents on their success. The Government, he announced, had agreed to pay the City of Medicine Hat for the care of 232 country cases. That city had taken care of 484 cases at a cost of $20,000. He estimated that the total cost of the influenza epidemic to the Government would be about $70,000.

In the budget speech in the Legislative Assembly at Regina, the Hon. C. A. Dunning outlined certain provisions. He advocated an expenditure of $6,728,000 on capital account. Among the principal items are $100,000 to commence a war memorial building at Regina; $250,000 for a hospital for the insane to be located at some point in the southern part of the province; $155,000 for additional buildings at the provincial hospital at Battleford.

The Ontario Legislature placed in the estimates in March the sum of $482,000 for construction on buildings at Whitby Hospital. The Provincial Secretary explained that his Department expected to take over the institution about June first. For the past couple of years Whitby Hospital has been used by the Dominion Government for the housing and treatment of soldiers. The amount provided in the estimates is to complete the work which had been projected by the institution previously, and when it is completed the inmates will be removed from the Queen Street Hospital for the Insane, Toronto, to Whitby.

THE report of the annual meeting of the Chilliwack Hospital showed the year 1918 to have improved upon 1917, which held the record for activity. The comparison shows the number of hospital days last year to have been 4,244, as against 3,694; and the income of 1917 $9,181.04, was increased in 1918 to $10,861.63. Extensive additions are to be made to the Esquimalt Military Hospital. It is planned to double the accommodation to include 260 more patients; the hydro-therapeutic establishment is to be greatly enlarged, and to the right and left two large ward buildings are to be erected capable of containing upwards of ninety beds. A new heating system is being installed.

THE Saskatchewan Act respecting hospitals was amended during a recent session of the Legislature in several important particulars, although the main provisions of the original act are retained in the present measure. Such amendments as were introduced were either suggested by the light of experience during the past year, or as the result of recommendations made by the municipalities concerned.

The old act stated that any two or more municipalities might co-operate in the establishment and maintenance of hospitals, a provision which made it possible for a small village and a rural municipality to undertake this burden. The amended act specifically states "that any two or more rural municipalities may co-operate with any number of urban municipalities" for such purpose, and is doubtless an improvement. The hospital board, having been appointed by the various councils, the amended act sets forth very clearly the duties and responsibilities of this board, together with the method of appointment and tenure of office by its members. As in the original measure, the amended act makes provision for a levy up to two mills on the dollar for hospital purposes.

AT the recent annual meeting of the Vancouver General Hospital, the report presented by the superintendent, Dr. M. T. MacEachren, announced a total of 13,375 patients treated during the past year. There were 887 deaths, a death rate of 6.3, which

was not regarded as high when the death rate from influenza was considered. On one day alone, October 25th, 1,304 patients were undergoing treatment at the institution.

THE Canadian Red Cross Society is applying to Parliament for an amendment of its Charter, whereby it will be permitted to extend its work in the case of national calamity, epidemic and emergencies in time of peace. In addition, the Government has asked the society to undertake special work in connection with soldiers' dependents now returning to Canada, and to continue this work during the period of demobilization.

IN the bulletin of the Johns Hopkins Hospital for 1917, Crowe, Watkins, and Rothholz report 91 instances of infectious arthritis in which the tonsils were removed, of which 31 patients could be followed and the ultimate results noted. In twenty-four the joints were normal after one to two years. In some, the patients were worse for a while and began to improve after two or three weeks; oftentimes it was six to eight months before all joint symptoms disappeared. In four cases the joint lesions were improved, but not cured. Two were not improved, and one has been worse since the operation.

Research into the causes of disease as well as in prevention has in the army reached a high plane. Original work, and the systematic study of all conditions affecting the health of the army are encouraged. The former difficulty in carrying on systematic research due to frequent interruptions occasioned by strict adherence to the foreign service roster is now corrected by the organization of the research division; and, in the future, results as important to the medical world as those contributed in the past by the corps are confidently expected. The establishment of this division is one of the most important advances in medical department administration made in many years, as it will enable the department to utilize to the fullest extent the trained laboratory workers in the corps.

Twenty-four officers have been assigned to this division. This number will be increased as the work expands and the necessity arises.

NURSES WEAR SERVICE BUTTONS

A RECENT order from the military authorities is to the effect that nurses who have served on any of the battle fronts will be entitled to wear the service button now worn by the men who have seen service in the firing line. The order will be welcomed by all who wish to be kept in mind, not only of the men who offered their lives, but of the brave nurses who did the same.

HOSPITALS FOR SOUTH AMERICA

HOSPITALS are to be built in five of the Republics of South America, which are to be placed under the supervision of the Methodist Episcopal Church as a part of its programme to raise $120,000,000 for world upbuilding and for the extension of missionary work. At the present time there are no hospitals in South America under the direction of an American Missionary Board. Miss Charlotte A. Aikens, editor of the *Trained Nurse and Hospital Review*, has been engaged to tour Argentina, Uruguay, Chile, Bolivia, and Peru to study the needs of the field and the conditions which prevail there. When her report is received the number and locations of the hospital and health stations to be built will be announced.—*New York Medical Journal.*

Selected Articles

BULLETIN OF THE AMERICAN COLLEGE OF SURGEONS ON HOSPITAL STANDARDIZATION. THE IMPORTANCE OF CASE RECORDS

THE American College of Surgeons cannot as yet be compared with the Royal College of Surgeons of England in those things that concern tradition and dignity, which age, combined with lofty standards, brings with it. It is a lack which time will surely remedy. But in all that concerns enthusiastic seeking after efficiency, keenness and the idealism of youth, one may say that the American institution lags not behind the older one. The forelying small pamphlet, written by J. G. Bowman, Director of the College, is an admirable brochure, and bears the stamp of that ability in organization, charity of expression, and business-like way of setting down things, for which Bowman has already become so well known. It is a plea for efficiency in the writing and the filing of case records in hospitals, and represents one part of the very effective work, which the college has taken on itself, of elevating the standards of hospitals generally. Carping critics may say that a vast number of the American hospitals need standardizing rather badly, but on the whole criticism of that sort is certainly unfair; and in any case it is abundantly clear that the hospitals of our own country would profit largely if they were willing to follow the suggestions laid down in this pamphlet.

Mr. Bowman discusses case records under the following headings: In Relation to Hospital Success; As a Test of Medical Patriotism; Case Records in Army Hospitals; Case Records for Private Patients; As a Check upon Character of Service; Meetings of Hospital Staff; Practical Points about Case Records.

It would take too long to describe the whole article in any proper way, but we may take one or two quotations: "The hospital creates an equation which consists of service

to the sick on its own part, balanced by proportionate and practical gratitude for that service on that part of the public. The next and inevitable step is that the truth of the equation be sharply tested. Rational and convincing evidence as to the hospital's service is wanted by the public, and not general or sentimental optimism. . . . In some practical fashion it must account for efficient performance in every department. . . . How shall the hospital make this accounting? Well, results are what count, and the results are to be found in case records. The first practical reason for the keeping of case records is that these records are a pledge of loyalty of service on the part of the hospital to its community. . . . Emphasis has been placed upon case records as a test of medical honesty, or let us call it medical patriotism. A second and quite as significant a reason for these records lies in their use to prevent or minimize errors in all clinical practice; to serve as a direct test of efficiency." He goes on to argue in a most convincing way why there should be regular meetings of hospital staff. The argument needs no laboring, but Mr. Bowman's way of putting it is very apt and convincing. Meetings of the staff foster self-criticism and discourage malicious criticism. They keep up *esprit de corps;* they eliminate a great deal of incompetency, negligence, or laziness; they help to inspire the internes and younger men, and they increase the sum of knowledge of the staff generally. It is hardly necessary to go on and describe in detail the various points set down for practical case record keeping. Suffice it to say that they are all pointed and practical. If this pamphlet could be in the hands of every house surgeon, we have no doubt that medical science would advance more rapidly than in the past.—*The C.M.A.J.*

Book Reviews

Essentials of Surgery—A text-book of Surgery for students and graduate nurses, and for those interested in the care of the sick. By ARCHIBALD-LEETE MCDONALD, M.D. (Johns Hopkins), Lecturer in Surgery, Nurses' Training School, St. Luke's Hospital, Duluth, Minnesota. 40 Illustrations. Philadelphia and London: J. B. Lippincott Co.

The author discusses simply and plainly the cause of disease necessitating surgical interference, the morbid changes induced, and general signs and symptoms, together with principles of treatment—naturally and artificially. At the end of each chapter various demonstrations are described which, being of a practical nature, must be of much use to the student. A very good glossary is appended. We commend the volume.

Man's Supreme Inheritance. By F. MATHIAS ALEXANDER. New York: E. P. Dutton and Company, 681 5th Avenue.

This volume was reviewed eulogistically in a special article in the April *Atlantic Monthly*, and has an introduction by John Dewey. *Man's Supreme Inheritance,* the author holds, consists in conscious control of the body, particularly of the muscles of the neck, trunk and those of respiration; and further, of those which we have for ages been using unconsciously. Alexander's system of training overcomes mal-positions, habit spasms, neurasthenia with its phobias. His trick is to enable his patients to secure the position of "mechanical advantage" by a mental consideration of the "means whereby," instead of "the end" desired. The author attacks both the old system of education by "imitation" of and the new by "free expression." When he states that he has had cases diagnosed by prominent physicians as paralysis, varicosity, tuberculosis, asthma, adhesions of the lungs, incipient appendicitis, and numerous other maladies, which he has treated with astonishing results, the medical profession must cry "Bunk!"

War Story of the Canadian Army Medical Corps. By J. George Adami, M.D., F.R.S. Volume I. The Musson Book Company, Ltd., Toronto.

Col. Adami has written a very interesting story of the first two years' doings of the C.A.M.C. He traces the growth of the organization from its pre-embryonic stage, at Confederation, through its embryonic stage, during the Riel Rebellion, to its birth in 1896, under Sir Frederick (Dr.) Borden, the then Minister of Militia. The assemblages of troops at Valcartier and Salisbury Plain are described, together with the work of the sanitary and medical departments, and then follows their strenuous experiences at Ypres, Festubert, Givenchy, and "Plug-street." The Hospital Units and other Medical Units on the lines of communication are then described in a most readable fashion. All our readers will enjoy this book—in spite of considerable outside adverse criticism—wherein is told the splendid story of the work of the brave, unselfish, ingenious medical brethren who risked all to put down the unspeakable Hun.

Remaking a Man. By Courtenay Baylor. New York: Moffat, Yard and Company, 1919.

The author has to his credit the mental refitting of hundreds of broken-down men and women who have sought his help at Emmanuel Church, Boston. The Emmanuel movement, it will be remembered, came in for a good deal of publicity some 12 or 15 years ago. Their methods were described in *Religion and Medicine,* by Drs. Worcester and McComb. The patient is taught first not to try to do anything—the tied up, or racing mind is taught to relax and hold up. Body and mind are taught to do what the patient tells them to do. By a series of instructions the patient gradually obtains command of the rudder and makes good. In these days, when so much is said and written on psychotherapy, the medical fraternity will doubtless be interested and profited by the perusal of the book.

Cellucotton*

War conditions were to a considerable extent responsible in the beginning for the manufacture of Cellucotton. For general surgical use in hospitals and for use in tubercular and maternity institutions, it has been wonderfully successful. The American Red Cross took hold of it in a large way, as did also the United States War Department, with a result that it was placed in hundreds of chapters in all sections of the States, where, made into bandages by volunteer workers, it became almost a household word. Like information was spread on account of its use in Canadian military and other hospitals. The result is that it has changed from a substitute, so-called, for absorbent cotton, to what is considered a perfect absorbent of and by itself. It is much more easily separated than absorbent cotton and consequently can readily be distributed. It bulks considerably more, absorbs quicker, and retains practically the same amount. The manufacturers of Cellucotton, Messrs. Kimberly-Clark Co., Neenah, Wis., will shortly have an announcement to make regarding the preparation of Cellucotton for use in other channels. Cellucotton can be obtained from one or more Canadian jobbing houses.

Light and its Application to Therapeutic Uses

Modern therapeutic practice has demonstrated the value of light in many diseases. There are many devices in use to-day, throughout Canada, the United States and other countries. Light has been generated and applied by a variety of apparatus. The most highly developed instruments, however, for the application of light in a most beneficial manner, are the Alpine Sun Lamps and Kromayer Lamps. These lamps are generators of intense ultra-violet, or actinic rays. They are electrically operated at small cost, and the light generated may be controlled by the physician at all times.

These lamps are used for many purposes, by physicians and hospitals generally. The Alpine Sun Lamp is a potent aid in a wide field of indications, including cutaneous diseases, various nervous disorders, tuberculosis of the bones, joints, glands, etc.

* Publisher's Department.

This lamp is now used in army hospitals, with gratifying results, for treatment of post-operative cases, and is of great benefit in accelerating the healing of sluggish and infected wounds and in aiding the recovery from shock. The Kromayer Lamp is especially adapted to the acquirements of Dermatologists and proves thoroughly efficient in a variety of dermatoses, including psoriasis, eczema, cutaneous tuberculosis, naevus, etc., and also for orificial inflammatory conditions.

The growing necessity for economy in time and labor, as well as in operating and maintenance costs, should be reason enough for those responsible for efficiency in hospital management to investigate the merits of these lamps and their adaptability to the requirements of their various institutions.

The Minneapolis Artificial Limb*

As one more line in the chain of friendship the war has forged between the United States and Canada is the service which a Minneapolis firm in the States is performing both for American and Canadian soldiers.

When the Canadian lads began coming back from the scene of fighting, and many of them without a leg or arm, they felt more keenly than the later arrivals their handicap. They were able to see nothing but a life of enforced idleness or else some occupation which made allowance for their crippled condition.

Many of these boys were sent or referred to the Minneapolis Artificial Limb Company as perhaps the nearest and largest makers of durable, workable fibre limbs. Through the educational work conducted by Mr. Ray Trautman and through the liberty giving features of the limb these boys have been able to go back and make their way in the world without the aid of either government or relatives.

As a result of the close co-operation between this country and the States and the constant interchange of patronage the Minneapolis Artificial Limb Company has established branches in both Toronto and Winnipeg. Mr. James McQueen is the Toronto representative at 6 Lombard Street. J. J. Holzem is

* Publisher's Department.

in charge of the Winnipeg office at 445 Main Street. These two men are delighted to show the many unusual features of the Minneapolis fibre limb to men of the medical profession.

Pequot Cottons

WERE you perchance a visitor to the good old City of Salem, in Massachusetts, you would visit the many points of historic interest in the fine old city, inspect the examples of colonial architecture, see the relics of the witchcraft days, and revel in memories of the great romancer Hawthorne. You would visit the water front where old wharves and buildings bring visions of that most romantic of all Salem's periods, the days of her great commerce and her clipper ships. Looking out over the beautiful harbor would you not see in imagination those white and glistening sails which bore Salem ships to all the ports of the seven seas, messengers of peaceful trade to all the people of the world.

But now though that commerce is gone Salem is still sending all over the world white messengers of peace and rest. Right on the water front the visitor may see the great mills of the Naumkeag Steam Cotton Company, makers for almost three-quarters of a century of the now famous *Pequot Cottons* for sheets, sheetings and pillow cases. Everywhere in the home, the hotel, the hospital, you will find these pure white finely-woven *Pequots*, most durable of sheets and pillow cases, modern messengers of Salem's supremacy in the textile world.

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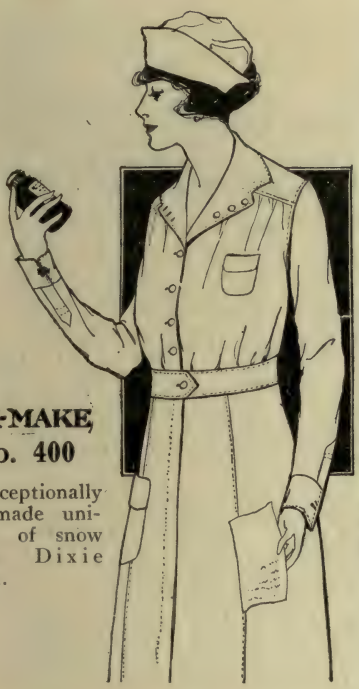
A Hospital Scene

George Weston, writing in the *Saturday Evening Post*, paints a vivid picture of life in a military hospital on the night of a big battle, as follows: "Almost till daybreak we were performing such supplementary operations as were necessary to those which had been hurriedly done in the dugouts, renewing bandages, bathing patients, and giving them soup and broth; the doctors working in silent intensity, every patient a stoic, every nurse a heroine." He says that whenever the staff could do so, they gave the patient a cigarette. It is a wonderful help.

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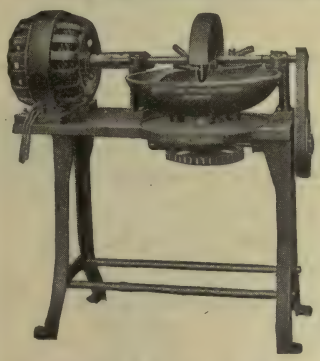
From a closer study of sugar metabolism it has been demonstrated that this function is maintained by internal secreting organs, which secrete a substance that has the property of converting sugar into glycogen so it can be stored and utilized as required; and that this function is largely, if not entirely, performed by the pancreas, more particularly the islands of Langerhans in the head of the pancreas, and that in diabetes these secretory organs are disturbed or destroyed.

That inflammation of the pancreas is very closely associated with diabetes is now quite generally recognized. Max Einhorn (*Journal A. M. A.*, July 10, 1915, p. 149) points out in a critical analysis on pancreatitis that Opie contends that the islands of Langerhans are diseased in 85 per cent. of diabetes cases and that generally a diagnosis of chronic pancreatitis can be made out.

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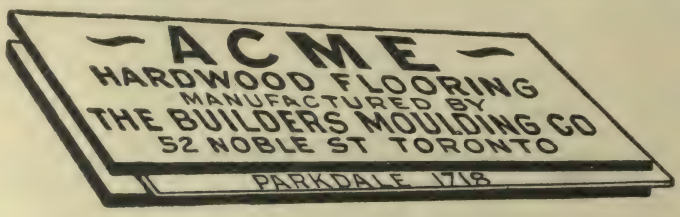
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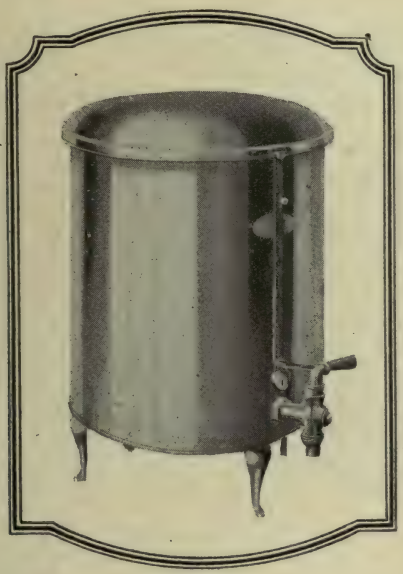
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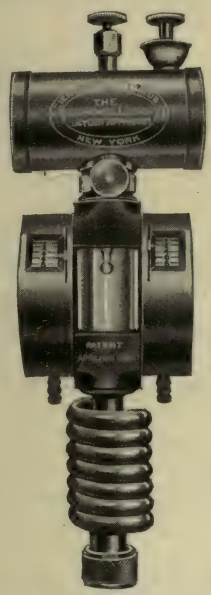
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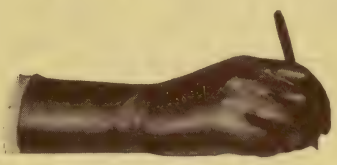
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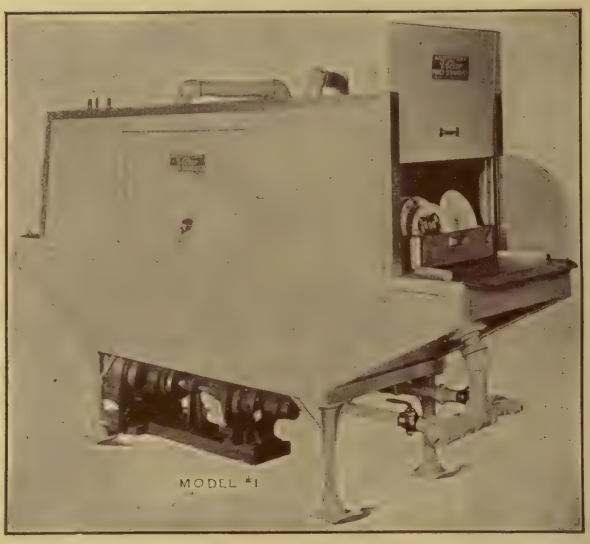
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Vol. XVI Toronto, July, 1919 No. 1

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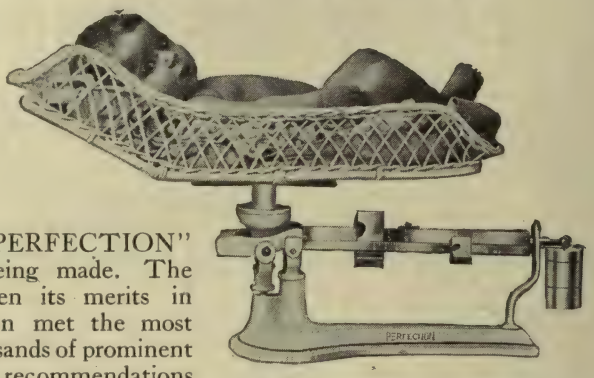
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MANY doctors and nurses are finding it worth-while to pay a little more and get the best rubber heels made. In Wingfoot Heels they find more springiness, more comfort, more lasting and even wear. By *insisting* on Wingfoots they get assurance—we guarantee them to outwear any rubber heel made; if they fail, we gladly give another pair free.

The Goodyear Tire & Rubber Co. of Canada, Limited - Toronto

WINGFOOT HEELS

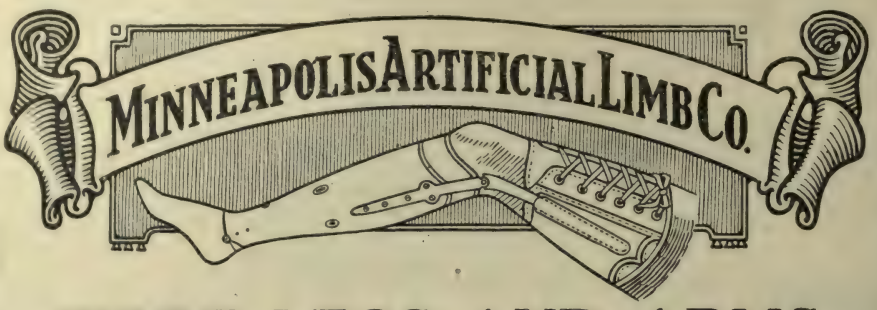


NEILSON'S Chocolate has a sustaining and nourishing power that makes it a friend in need when there is no time for more than a "snack."

She is a wise nurse who keeps a cake of it handy for "rush" periods.

Pure "smooth" chocolate made from selected cocoa beans and cane sugar, varied and "interesting" centres, and dainty packing are the features which make Neilson's package chocolates distinctive.

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Perfect health depends upon the precisional functionating of the various organs of the body, and nothing will so quickly destroy this ideal state as a clogged and sluggish digestive system. Pluto Water is the greatest aid in maintaining normal operation of these important functions, and physicians to-day are prescribing it freely for all cases where its perfect remedial properties are indicated.

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Of all buildings where a fire should be rendered an impossibility, a Hospital, Asylum or Sanatorium should come first. There should not be an Institution taking care of the sick whose Medical Superintendent does not give this first consideration.

The most effective means yet discovered of extinguishing a fire in its incipient stage is

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Pyrene Fire Extinguisher

A fire appliance approved by the National Board of Fire Underwriters.

PYRENE in the Hospital will relieve you of that unpleasant feeling of worry and strain, and the thought that some day you will be visited by fire which will perhaps destroy both life and property.

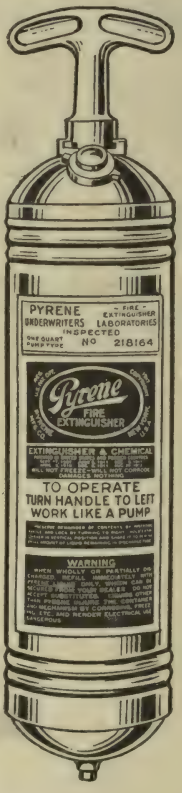
PYRENE Liquid is a combination of purely organic materials, having an aromatic odor and a high specific gravity. PYRENE contains neither acid, alkali, salts nor moisture, and will not stain the most delicate fabric or injure anything with which it may come in contact.

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A PYRENE FIRE EXTINGUISHER should be placed in the corridors, pantries, wards, operating-rooms, Superintendent's and janitor's rooms, kitchen, boiler-room and in close proximity to the nurses' sleeping apartments. By so doing an incipient blaze can be immediately put out. It can be operated by a nurse or a boy.



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Separately they were the largest and most reliable firms. United they become the acknowledged principals in Orthopedic work in Canada

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Of course we know now; and with this knowledge come the realization that there is still another friend upon whom the doctor relies,—one that is almost as essential to him as his little black bag, and that is his CAR, and this car must be kept in condition to be ready at a moment's notice.

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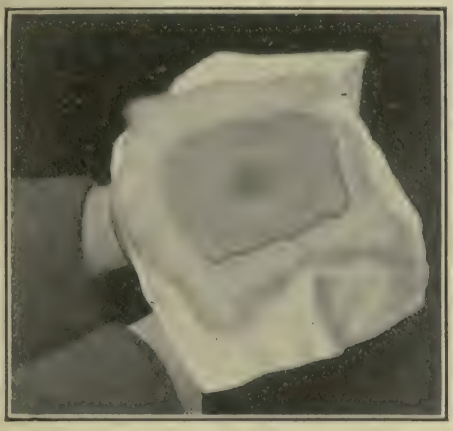
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Remove an Antiphlogistine dressing at the end of twelve hours and examine it. The centre will be wet provided there is an inflamed area beneath it; an outer zone merging into the centre will be moist, and the part which has covered healthy tissue will be comparatively dry.



In the outer zone the blood is flowing freely and uninterruptedly through the underlying vessels, forming a current directed away from Antiphlogistine. Its liquid contents therefore follow the direction of least resistance and enter the circulation through the physical process of endosmosis. In the centre zone there is stasis, no current tending to overcome Antiphlogistine's hygroscopic property. The point of least resistance for the liquid exudate is therefore in the direction of Antiphlogistine, exosmosis is going on in the zone, hence the excess of moisture.

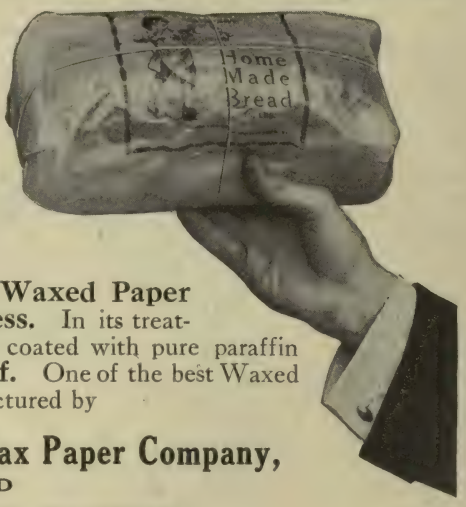
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TRADE MARK

stands alone as a non-toxic, non-irritating abstractor of fluid exudates in superficial affections and is the only remedy that through an inherent hygroscopic property will relieve deep-seated congestion by inducing superficial hyperaemia and that without irritation.

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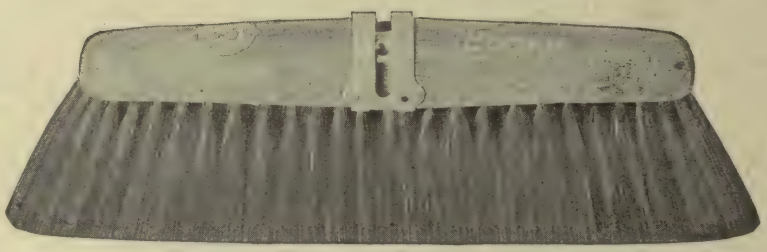
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Food Preservation



By the adoption, in not only Hospitals, but to a smaller degree in private homes, **of waxed paper covering all foods,** hospital chefs (and housekeepers) **would undoubtedly very materially reduce the cost of upkeep,** particularly in private patients' buildings, where delicacies are in constant use. **Waxed Paper is both tasteless and odorless.** In its treatment it is scientifically saturated or coated with pure paraffin wax, rendering it **moisture proof.** One of the best Waxed Papers made in Canada is manufactured by

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For this reason it is the most effective of all soaps for use in the sick-room, for the toilet or for the home. Notwithstanding its low price, Lifebuoy is made from the purest base and may be used to advantage on the skin of the youngest infant. Thousands of people will use no other than Lifebuoy for every soap purpose.



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conserves constitutional health because it promotes tooth, gum and mouth health. It allays soreness and inflammation of the gums as a result of pyorrhea. It cleans and polishes the teeth. PYORRHOCIDE POWDER is a medicated oral prophylactic—designed expressly for the prevention and treatment of

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It aids in correcting soft, bleeding, spongy, receding gums.

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It is a fact admitted by almost all Physicians that, apart from good rich cow's milk, **properly made soup is an ideal diet for use during convalescence.**

Bunge and Abderhalden have shown conclusively that animals receiving food poor in iron become very anaemic; but when they are given a diet rich in iron, *e.g.*, cabbage, carrots and various greens, the iron-content in the blood is increased. What applies in the animal kingdom undoubtedly applies in the case of the human being, so that one of the most effective and rapid methods to place a patient on his feet after prolonged illness is to feed him on whatever will replace most rapidly the haemoglobin in his red blood corpuscles.

Vegetable Soups containing vegetables, such as peas and beans, can hardly be excelled from the standpoint of nutrition, particularly **in chlorosis or anaemia,** the inorganic preparations of iron very powerfully exciting the blood-forming organs.

One of the best Vegetable Soups on the market is

DOMINION BRAND

In this Brand not only are the vegetables used the finest that can be bought, but they are put up under the most strictly hygienic conditions.

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Sanorto Composition Floors

These floors are particularly suitable for institutions because

1. They do not crack and are easily kept clean.
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3. They are practically noiseless.
4. They are restful to hospital attendants who have of necessity to be on their feet for prolonged periods.

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IS ABSOLUTELY PURE

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THE COWAN CO., LIMITED
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Saving 5 to 50 lbs. of Butter Daily is Patriotism

—AND GOOD BUSINESS

The World to-day is suffering for fats

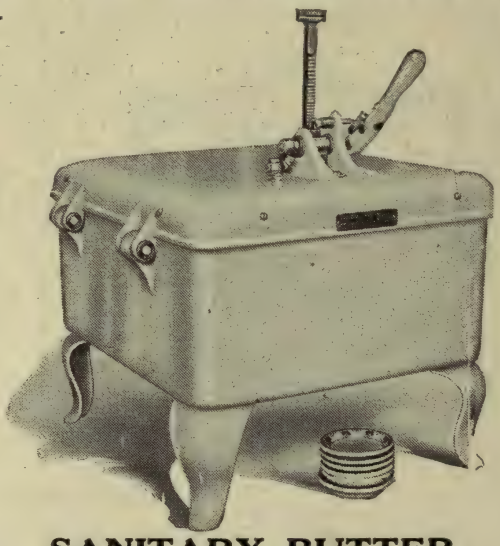
To conserve butter fats for our soldiers and Allies is a **military necessity.** Doing it now will avoid a shortage of butter fats later, which would be as serious as the present coal and sugar shortage. Why wait for a crisis or "Butterless Days?"

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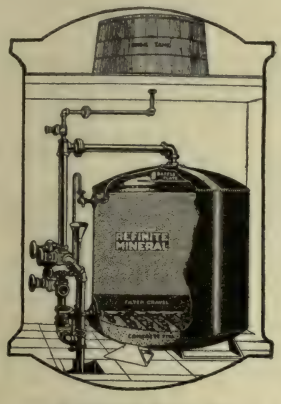
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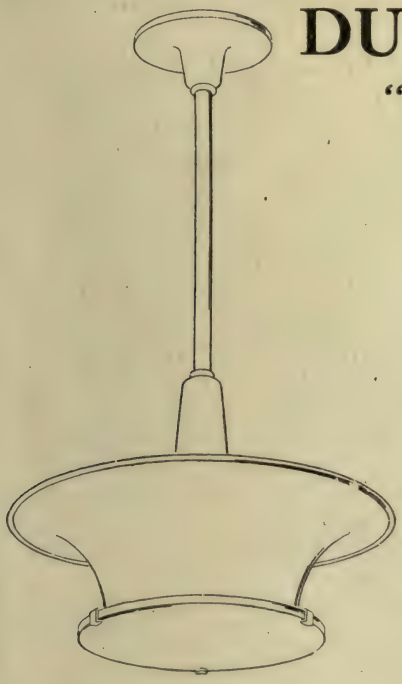
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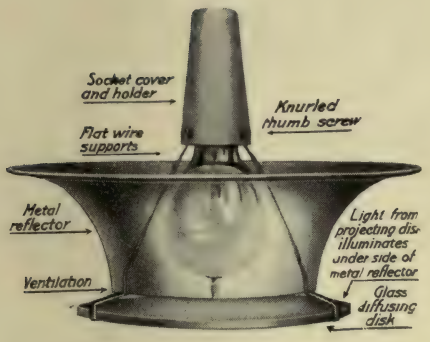
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(Registered)

"OH, SO GOOD"

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ABSOLUTELY PURE

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Physicians know that floating dust in the home breeds disease. This can be overcome only by the use of a **Vacuum Cleaner.** It means health in the home, saves time, extra help and drudging labor, can be operated by a child, removing germ laden dust from carpets, rugs, etc.

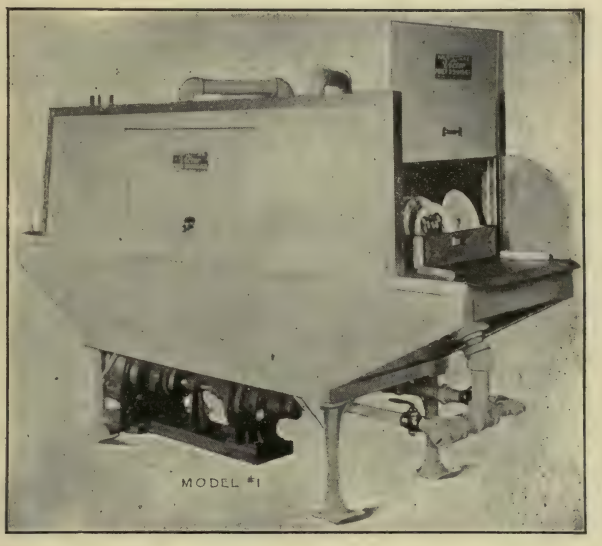
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for disinfecting sinks, closets and drains. It is also ideal for the cleansing of urinals and bed pans—in fact any vessel that requires disinfecting. Gillett's Lye should always be used for scrubbing hospital bath tubs and operating room floors.

For cleansing and disinfecting, dissolve one teaspoonful of Gillett's Lye in two gallons of water.



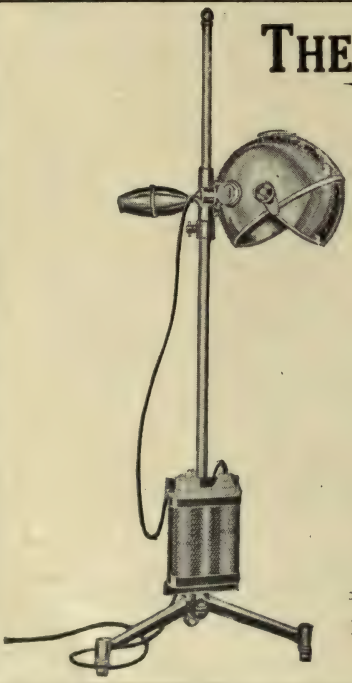
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An Effective Aid

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VORTEX CUP

has received the unanimous endorsement of the

MEDICAL PROFESSION



Because it is **absolutely sanitary. It prevents the dissemination of disease** that is all too prevalent, particularly in public drinking places, restaurants, cafes, etc. Health Officers now rightly condemn the old-fashioned public drinking cup and will not permit its use, where known. With the VORTEX SERVICE, a fresh cup is used each time. These cups are odorless, have no paraffin coating inside and cost but a trifle per hundred. The VORTEX SERVICE **should be installed in every hospital in Canada,** not only for the above reasons, but because it eliminates breakage and the use of borax, soap, washing compound, towels and time.



Physicians will consult the interests of their patients by urging them to give preference to those cafes and restaurants that have their places so equipped.

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Milk as pure and rich as Nature intended it to be—that's City Dairy kind.



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City Dairy will welcome your order.

City Dairy

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Automatic Glass Containers
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The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums, and Public Charitable Institutions throughout the British Empire.

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Editorials

THE ROOT OF THE MATTER

One of our most respected practitioners suffered from some condition, the cause of which, according to the X-ray, seemed to be connected with the wisdom tooth. The extraction of this tooth was deemed advisable. An extraction specialist did the extraction. The patient saw by the operator's expression that there was nothing wrong with the drawn tooth. Symptoms continued. The next tooth was discovered to be the cause of the mischief, extraction of which relieved the patient completely. The shadow of the pathological lesion, by X-ray, appeared to be connected with the root of the wisdom tooth, instead of the diseased one.

This instance is cited, as one of many, to show that good teeth are being needlessly sacrificed.

Too much dependence is being placed on the X-ray picture nowadays. A very careful examination should be made by all other means at command—inspection, palpation, etc., and the adoption of a little "wait and see" policy may be wise, if the patient is not suffering too greatly.

There is no doubt that many cases of rheumatism, neuritis, anemia, neurasthenia and the like are caused from diseased conditions of the teeth, more particularly from granulomata or abscesses of the roots under pressure. But the medical practitioner must also remember that infective foci of an equally dangerous character may be found in the tonsils, the appendix, the gall bladder, the large intestine, the anal portion of the rectum, the internal ear, the nasal sinuses, a local purulent area of the skin, an ingrowing toe-nail and the like. The diagnostician should inquire into previous on concomitant pathological conditions, and endeavor to ascertain if any one condition has a causal relation to the other, or in how far they all arise from one primary lesion.

The general signs and symptoms following absorption of decaying pulp or gum and germ toxins may stimulate a ptomaine poisoning and enteric fever; or the patient may complain of myalgia, sciatica, dyspepsia, mental depression, and what not.

The time of many medical men is taken up with combatting these symptoms. They administer tonics, sedatives, stimulants, alteratives, and when tired of seeing so much of such an ailing patient, prescribe a trip South or a sea voyage, and feel greatly relieved

when they bid him good-bye. Many of these patients, particularly those with myalgia or neuritis, drift into the hands of the osteopaths, chiropractors, and other charlatans, and obtain a certain measure of relief. Massage, light, heat, and hydrotherapy, no doubt, are of considerable use in ameliorating certain of the nervous and mental symptoms connected with the general systemic aspect of the trouble. Any treatment which will raise the threshold to pain and increase the number of anti-bodies does so much toward curing the patient, and all such means should be used expectantly; but meanwhile the wise practitioner is he who is searching unweariedly for the real primal cause of the trouble.

These are the sorts of cases wherein team work is advisable. They require the closest study of the internist, the roentgenologist, the dentist and the laboratory worker. Sometimes—quite often, in fact—the specialist is needed; for iritis and other severe ocular pathological conditions are primarily the result of bad teeth.

It must be remembered, too, that many people with very bad teeth are never conscious of any constitutional disease. The X-ray may indicate disease foci which give rise to no symptoms. In the former sort, treatment ought to be given; in the latter, we think, the patient ought to be kept under close observation.

The last word has not been said on the question

of the relation of diseased teeth to general systemic conditions; therefore, it behooves every doctor and every dentist to be on the alert in order that as much light as possible may be thrown upon the matter, with a view to getting at the root of it.

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Original Contributions

THE HOSPITAL KITCHEN

JOHN N. ELLIOTT BROWN, M.D., Toronto.
Former Superintendent Toronto General and Henry Ford Hospitals. Consultant in Hospital Organization, Construction and Management.

The hospital kitchen should be a most cheerful place, therefore should not be relegated to the basement or shunted to the top of the building. The latter position is too far from terra firma, necessitating transportation of supplies, garbage, and employees up and down, which is not economical. The kitchen should be on the ground level.

The building, if an annex, should be built of brick, stone, or steel and cement; and ought to be fireproof. The roof should be flat, and covered with verandah tile, and should pitch from all sides to a drain-pipe passing centrally down through a warmed supporting column to the sewers. This will avoid a lot of trouble in the spring, which pitched roofs often give. The top of the kitchen may be used as a roof garden for employees.

The hospital kitchen ought to be well lighted; the windows may occupy one-quarter of the wall space and should extend from the ceiling down to within two feet of the floor. In addition to providing plenty of light, employees may look out often and have the diversion that comes from observing the outside world, thus relieving the monotony of their work. The reader will remember the *Window in Thrums.*

The floors of the kitchen and its annexes may be also, like the top of the roof, of red verandah tile, and should slope slightly to drainage outlets. The walls may be of glazed brick, tile, Portland cement or other hard, smooth material. The ceiling may be of tile or hard plaster or other material which can be hosed down and which will not be affected by steam.

All junctions between floors and walls and ceilings ought to

be coved; and all window and door trimmings ought to be flush with the walls. There should be no ledges for catching dust anywhere. Inner window-sills may slope downward and inward, and all projecting angles should be rounded.

The main kitchen room and the bakery need only a limited number of steam or hot water radiators—merely sufficient to keep the chill out when the fires in the ranges are low and the cooking steam turned off.

Provision store-rooms and butcher shop should adjoin the kitchen, but if space is limited they may be put in the kitchen basement, if the basement is high, dry and well lighted (potatoes ought to be kept in the dark).

Contiguous to the vegetable stores and the kitchen proper we should place the preparation scullery. In the larger hospitals the diet laboratory and the space for the preparation of special diets ought to be placed in proximity to the main cooking room, but separated so that the preparation of the diets will not disturb the lectures in dietetics.

On the other side of the main kitchen—remote from the preparation scullery, we should place the clean-up scullery—not many steps away from the ranges and cookers.

The auxiliary kitchens—above-mentioned—the bakery and the sculleries may be placed in bays and on mezzanines, partially enclosed by glass partitions, observable, as far as possible, from the office of the chef or dietitian, whose headquarters may well be placed on a mezzanine or in a bay.

In all these kitchen departments, plenty of room ought to be allowed for the necessary apparatus and for the chef and his satellites to get about in without colliding. Ranges, stock-pots, cookers, choppers, ice-cream freezers should be so placed that they can be reached from all sides in order to be easily cleaned and in order also that the walls and floors may be conveniently gotten at to be cleaned.

Hoods may be placed over the ranges and cookers, and these connected by pipes to an exhaust fan at the ceiling to carry off the kitchen odors and ventilate the kitchen.

Cupboards and refrigerators should be built in the walls, their fronts being flush with the surface of the walls. Shelving should be smooth and easily accessible for cleaning. The same

principle of coving may apply here as applies to the rooms themselves. There should be an ample refrigerator in the main kitchen; one in each servery, and one in the bake kitchen. These should be cooled by means of circulating brine manufactured by a machine which uses carbonic acid, instead of ammonia, for inducing the refrigeration.

Parallel with the range and four or five feet distant should stand the cook's table—a sink at one end, and over it a hanging or post-supported rack for pots, pans, utensils. It may be of metal. A similar table may have a similar relation to the rows of steam cookers. A water tap over the range is convenient.

Electricity furnishes the most agreeable element for the ranges and the bake oven but, of course, steam is the more economical for the soup pots, the vegetable and cereal cookers.

A steam table and bain-marie should be placed beyond the cooking apparatus, convenient for the food carts. Nearby a closet heated by steam will be found of great use in which to keep utensils and dishes required to be kept warm.

The bake oven will contain the dough mixer, dough trough, proofing oven, main oven, refrigerator, preserving kettles, ice-cream freezer and storage, work-table, meal bins and other requisite apparatus, arranged in the most convenient way for the baker and his help. For large institutions, we believe, nothing takes the place of the old-fashioned brick bake oven. The small stove and sink must not be overlooked.

The preparation scullery should contain a four-compartment sink of galvanized iron, placed in the centre of the scullery. This allows several cleaners to get around it at one time. Along one wall may be some small, easily accessible metallic supply bins—say eight or ten, for the various vegetables and fruits most commonly used. The work-table may be placed along the outer wall in front of a large window, and the peelers, parers, and choppers may be arranged near another wall—all placed with the idea of economizing steps and maintaining a condition of super-cleanliness.

Toilets should be provided for both sexes. A hand lavatory may well be placed directly in the main kitchen. A sanitary drinking fountain should be readily accessible. The clock and the telephone should not be forgotten, the former being seen

from as many working parts of the kitchen as possible. The faces of these two articles should be flush with the walls.

Dining rooms for employees and also for nurses and doctors may economically be built in proximity to the kitchen, the necessary serveries and chutes intervening.

Before a spadeful of earth is turned, the kitchen ought to be completely planned in detail—every item necessary put in its proper place on the plan. This means a great deal of careful study and preparation—by some one who knows. Large expense and infinite worry will be obviated if this little commandment is observed to the letter.

238 Bloor St. W., Toronto.

Society Proceedings

CANADIAN PUBLIC HEALTH ASSOCIATION

THE eighth annual Congress of the Canadian Public Health Association and Ontario Health Officers' Association was held in Toronto during the last week in May.

A plea for some Dominion law which would require the production of a certificate of health for marriage was advanced by Dr. J. A. Hutchinson, of Westmount, Que., President of the Canadian Public Health Association, in his speech.

"At the present time," said President Hutchinson, in opening his address, "there is no law in Canada to prevent the marriage of the unfit outside of an insane asylum, providing that a clergyman or magistrate is found willing to perform the ceremony. Such a state of things should not exist among intelligent people."

He pointed out that the code allowed clergymen to marry anyone as long as they could find no legal impediment or unless relationship forbade it. With the exception of these points, only religious beliefs of the Church performing the marriage were considered a bar. Dr. Hutchinson stated that when a prominent clergyman received a proposal that the clergy refuse to marry people without a medical certificate, he replied that if they did so the people would live together as man and wife without marriage, and that he would choose the lesser of the evils.

PUBLIC SHOULD HAVE FACTS.

He declared that the public should have the facts concerning the propagation of the feeble-minded, and also be told that the majority of babies born blind came into the world that way through hereditary diseases; that we must have safeguards in order to procure a healthy, virile race. "If we believe in the sacredness of marriage, and I presume that we do, the best way to show the sincerity of our belief is to guard the portals of the marriage state," he declared. He thought that a law should be

passed, because it is impossible for the clergyman to be aware of these facts when performing the ceremony. The law would prevent the propagation of the feeble-minded and diseased. He thought that alcoholism, tuberculosis, insanity, criminal tendencies and certain diseases should constitute a bar to marriage under the law. He pointed out that several other countries had such a law under consideration.

Analyzing the "Flu."

The influenza epidemic received much attention from various speakers during the afternoon. Its appearance, spread and the steps taken to combat it were fully gone into by speakers. The sum and substance of their remarks tended to show that as yet no positive preventive had been found, and also that there was a wide divergence of opinion as to the best way to combat the plague. All speakers agreed that it had something of the same appearance as the epidemic of "la grippe" which appeared in 1889. That the bacillus of the disease had been isolated and a vaccine secured are already known to the public. The speakers, however, could not state that any definite results had been obtained through this vaccine in a general way.

Col. McCullough's Opinion.

The majority of doctors thought that quarantine was the best method of combating the disease, but Lieut.-Col. J. W. S. McCullough, Toronto, had other views. He said that as soon as the quarantine was lifted the people got the disease. He also declared against the closing of churches, theatres and schools, because the people mingled in other places, if in a city. The closing of schools might have some effect in country places. He pointed out that the theatres and schools did not close in New York, where the cases were fewer in proportion than a great many other cities. He said that he knew of methods taken to control the "flu," but none which really controlled it. The only thing he could recommend was for the sick person to get to bed as quickly as possible. This, he found, helped more than anything else.

Scarcity of Nurses.

In connection with the scarcity of trained nurses during the epidemic, Mrs. A. M. Huestis stated that a plan was on foot to have the Red Cross organization which existed during the war turned over to prepare to meet such occurrences as influenza in peace time. She asked that this proposal of the Red Cross be endorsed and acted upon. Mrs. Huestis, Miss Eunice Dyke and Hon. Dr. Roberts, all thought that some control of nurses was needed to see that the most was made of the trained material.

In the evening, Col. Thomas W. Salmon, Medical Director U. S. National Committee for Mental Hygiene, addressed the delegates on the subject of "Psychiatric Lessons from the War." It concerned the treatment of neurotics and shell-shock cases in the army and also in peace time.

Col. Salmon suggested that each general hospital should establish a ward for the treatment of mental diseases instead of bringing them to the insane asylums, via the Police Court. He told of the work of the American Army in this respect, adding that their method of treatment was also the method adopted by the British and French during the final year of the war. By having experts near the front line they had been able to treat successfully and send back into the line about 6,000 men who, in previous years, had been allowed to pass through, with the result that their case became incurable and they were lost to the forces. In this respect all armies suffered heavily during the first of the war.

Mental Diseases.

He thought that no disease was so poorly handled or understood less than mental diseases. A great many of the divorce cases were caused by neurosis. The number of cases in peace were amazing and yet no steps were being taken to handle them.

Assurance that the demand for qualified nurses is always bound to keep ahead of the supply, and that just at present it is one field where the young women can be sure of constant employment, was given at the closing session, and at the same time an attempt was made to encourage women to go in for this sort of training. In view of the fact that so many other oppor-

tunities for women to earn a living were opened up during the war, fear was expressed that the girls of the present age would hesitate to take the long training necessary to qualify them for nursing, and it was felt that if such a condition arises the general health of the country is sure to suffer. Much attention was devoted to the work of the nurses in connection with Departments of Public Health, and it was advocated that more nurses should be employed, particularly in the rural districts. The great demand for competent nurses in the more remote districts was emphasized by Dr. F. C. Middleton, of the Regina Bureau of Health, who stated that in his province there is a great shortage of nurses to take up the necessary work of looking after the families in the remote parts, and that there are practically none to carry on the necessary educational work among the new foreign families who are constantly settling in that district.

Government Helps.

Dr. Middleton told of some of the conditions which he had encountered personally, when he had been obliged to go into a house where the mother was sick, and where there was no woman within many miles who could be called upon to help out. In view of such conditions, he declared, it was only a very courageous woman who would go into the pioneer sections of any country and face what might lie before her in the raising of a family. The situation had become so acute in Saskatchewan that the Government had authorized the municipal councils to engage nurses and doctors at a regular salary, and use them as Public Health officials to care for the more needy cases. While that was helping out some, there is much yet to be done, and he felt that the same must apply to almost all remote parts of the Dominion. One of the great difficulties was to be found in the fact that both doctors and nurses are inclined to take up their practice in the more populous centres where there are some facilities of civilization for themselves and their families. In some sections the difficulty had been partly overcome by the establishment of small hospitals, capable of accommodating from 10 to 20 mothers.

Keep Girls in Canada.

The value of community nursing and the teaching of the community as a whole how to look after children, was emphasized by Miss K. Olmstead, of the Illinois Association for Public Health. Miss Olmstead outlined the manner in which this could be carried on in both large and small centres of population, and she advocated that it should be tried out here.

In view of the shortage of nurses, exception was raised to the practice of Canadian girls going to American hospitals to train, and then remaining in the States. The suggestion was that the Government should step in to prevent this. Mrs. O'Sullivan, of the Mercer Reformatory, viewed with alarm the increase in the number of inmates of such institutions, and as a possible cure she suggested: Proper boarding houses, surveillance at railway stations, equal justice for men and women, larger indeterminate sentences, proper medical attention, release of offenders on parole, and assistance for unmarried mothers.

A resolution set before the Congress favoring the manufacture by the provincial authorities of the drug "salvarsan," much used in connection with one of the venereal diseases, occasioned some discussion. The resolution, as set forth, claimed that this drug was at present manufactured in Canada by but two companies, who had a monopoly. This monopoly, said the resolution, was detrimental to the supply and to the price, and the Congress adopted the resolution calling for action by the Government to either take over the manufacture themselves or allow free competition by other companies.

Salvarsan was one of the drugs which was patented in foreign countries by the Germans, and on which they had a monopoly. When the war broke out the drug patent was taken over and given to two firms who could manufacture it. In calling for the adoption of the resolution, Dr. P. J. Maloney, Cornwall, said that in a matter of health he did not believe in any vested interest and that this patent should become the general property of the Canadian people. Mr. J. A. Dawson, Vancouver, claimed that the British Government, in conjunction with the United States, had taken over all these German patents which could be utilized and were selling them. He thought that the patent could not be

secured. He also stated that the drug, being a mixture in which various poisons were blended in certain proportions, was hard to manufacture and dangerous if not blended in the proper proportions. Major Fitzgerald, Secretary of the joint Congress, assured him that Mr. Lancaster, Provincial Chemist, had manufactured the drug and that his production was perfect, but that the Government had seen fit to grant a monopoly to two private companies. Mr. Dawson then withdrew his objection to having the resolution adopted.

Other speakers pointed out the importance of this preparation to the medical profession. The resolution was finally adopted unanimously.

Child Welfare in Alberta.

Dr. Heber C. Jamieson, Edmonton, gave the Congress the result of his experiences in child welfare in Alberta during the afternoon. He said that Alberta had considerably more trouble with the 33.6 per cent. of foreign-born children than with the remaining 66.4 per cent. of British-born, owing to the foreigners of the province holding to their traditions and refusing to adopt the up-to-date methods in vogue here. He showed that Alberta had made great strides in child welfare and declared that practically every reform put through in the province could be credited to the vote of the women. In order to help with the securing of urgently needed nurses, the university of the province had waived the matriculation rule for them when they entered to study social service.

Miss K. Olmstead, Extension Secretary, National Association of Public Health Nursing, Chicago, told of the birth and growth of the movement on the other side of the border to provide community nurses. Wisconsin, she stated, has already passed a law making it compulsory for municipalities to have these nurses on the staff. They were now working for a National Health Department which would make the movement officially recognized. She also explained why the social service course was necessary to these nurses and said that their biggest work lay in the prevention of tuberculosis and infant mortality.

NEW OFFICERS.

The officers elected for the coming year were as follows: Hon. President, Lt.-Governor L. J. Brett, Edmonton; President, Dr. H. E. Young, Victoria; Vice-Presidents, Drs. J. A. Amyot, Toronto; Hon. Dr. W. F. Roberts, St. John, N.B.; Mrs. Colin Campbell, Montreal; Secretary, Dr. R. D. Defries, Toronto; Treasurer, Dr. F. A. Adams, Toronto.

Edmonton was chosen as the place for the meeting in 1920.

HOSPITAL GRADUATION EXERCISES

THE annual graduation exercises of the Kitchener-Waterloo Hospital Training School for Nurses was held at the Collegiate Institute Assembly Hall on May 16th, and was very largely attended. Nine nurses received their diplomas, medals, prizes, etc.: Misses Anna Hawke, Melfort, Sask.; Jessie Walker, Galt; Elizabeth Galbraith, Guelph; Mabel Stockfish, Hepworth; Beatrice Morlock, Rodney; Pauline Bierworth, Elmwood; Sadie McAsill, Stratford; Hattie Watt, Guelph; and Caroline Armbrust, St. Catharines. The address to the graduating class was delivered by Dr. J. F. Honsberger, and an address to the friends and supporters of the hospital was given by Dr. C. K. Clarke, of Toronto. The chair was occupied by President E. C. Kabel.

Selected Articles

THE STORY OF THE TORONTO GENERAL HOSPITAL PSYCHIATRIC CLINIC

By C. K. Clarke, M.D., LL.D.

Medical Director, Canadian National Committee for Mental Hygiene.

In 1909 when Superintendent of the Toronto Hospital for the Insane, I felt that something should be done to establish an Outdoor Clinic for psychiatric cases. It was only too evident that patients would be reluctant to seek help in a hospital for the insane, so permission was asked of the Board of Trustees of the General Hospital to establish a clinic in one of their buildings in the centre of the city. Dr. J. N. E. Brown, the Superintendent, approved of the scheme, interested the Trustees and obtained the necessary permission, placing at our disposal a room in what was known as the Ward Clinic, a little house on the corner of Chestnut and Christopher Streets. These details are given as it was the first Clinic of the kind to be established in Canada. Dr. Ernest Jones, the well known psychiatrist, who was at that time Associate Professor of Psychiatry, and also doing duty as Pathologist at the Toronto Hospital for the Insane, was assigned to the duty. This Clinic did excellent work for a time in spite of the fact that it was difficult to make people understand its aims and intentions. With the building of the new General Hospital, the Clinic house had to disappear, although it was maintained until the last moment possible. Dr. Jones returned to England, I assumed the superintendency of the new General Hospital, and so great was the pressure of work that the thought of establishing a new Clinic on a different basis was not entertained until Dr. Helen MacMurchy suggested that it should be resurrected, especially with the idea of helping the Juvenile Court to develop a special psychiatric study of

many of its cases. At that date Drs. C. M. Hincks and O. C. J. Withrow were endeavoring to assist in the examination of the court cases, but were working under great difficulties and without proper equipment. I was anxious to co-operate, consequently these young physicians came under our wing and transferred their energies to the newly formed Clinic in April, 1914, which was most modest in its first endeavors. We were given the services of a social service nurse, Miss E. DeV. Clarke, whose training had been acquired in New York, and who was long familiar with cases of mental disease and defect. There were a good many who laughed at the possibilities of what they called a "Nut Clinic," and even some of the good ladies who were loyal supporters of the Social Service Department, looked askance at the venture, feeling that the innovation was of little importance and extremely likely to interfere with what they believed to be the really serious problems of their organization. I had always felt that the greatest work of any Social Service Department was that of discovering the defectives in a community and providing proper care and treatment for them. It was soon evident that we had underestimated the importance of the movement, and it was not long before every one in the Social Service Organization realized that we had unearthed a gold mine as far as the community was concerned. In a short time one nurse found it impossible to make the necessary home investigations, and we had to have the co-operation of school nurses, juvenile court investigators, city nurses, and nurses in training. Even with all these helping it is scarcely possible to keep pace with the necessary investigations.

As time went on we succeeded in getting the Department of Psychology at the University interested, and eventually Professor Smith, Dr. Bott, Dr. Pratt, and Mr. Freemen, undertook many of the psychological investigations, leaving the purely clinical work to the psychiatric examiners, who thus found time to go into the medical aspects of each case with thoroughness and exactitude. In addition to that, minute psychological investigations of especially interesting cases were undertaken at leisure in the psychological laboratories of the University of Toronto.

Eventually it was learned that a great deal of the work was

peculiarly medical, as a goodly proportion of the children proved to be suffering from mental diseases in the early stages. Believing that changes in metabolism play a certain role in the production of early psychoses, studies in metabolism are now being undertaken in the Department of Chemical Pathology. In this way a most complete study of patients may be made, covering family history and environment, a study of the individual from the psychological, psychiatric and chemico-pathological standpoints,—all interesting and important. The greatest difficulty experienced has been that of providing proper treatment for each case, as the Juvenile Court is, in particular, hampered by not having necessary resources at its disposal when faced with the problem of dealing with the many delinquents of the moron class—children who are not only out of place in industrial schools for normals, but a menace where the population is of a mixed variety as far as mentality is concerned. Ontario has not yet faced its responsibilities in this particular, but the work of the Clinic has brought home to the community the necessity of prompt action at the earliest moment possible. All social workers in the city, nearly all school teachers and nurses, have been aroused to an intelligent interest in the doings of the Clinic, and we have behind us a host of workers who keep those in charge busy at every session. At first one day a week was all that was necessary—now two days a week are required to meet the demands for attention, and before the end of the year it will be necessary to give three days a week to do the work properly.

The mass of information gathered has already thrown sidelights of the greatest value on all sorts of problems, such as prostitution, illegitimacy, juvenile delinquency, venereal disease, immigration, etc., and we know exactly what the requirements of the community are. In looking over the reports the remarkable growth of the work of the Clinic is striking, and no one seems to have anticipated the development that has occurred. In the third Annual Report of the Toronto General Hospital, Social Service Department, Dr. Withrow wrote as follows:—"The Clinic has been enabled to do good work and has met a real need. Two hundred and seventy-six cases have passed through our hands in the nine months, and twenty-nine of these have been placed in institutions where they will be well cared

for, trained to a degree, and, in some instances, taken from a community to which they have been a menace. Not only have the Juvenile Court, the Board of Education, and various charitable institutions sought our advice and help, but many private individuals have come to us for assistance in their perplexity over one of their immediate family. We are hoping great things for this Clinic."

This hope lies in three directions:—

1. That the Government of Ontario and the Municipality of Toronto may speedily establish the proper kind of institutions for the segregation and efficient training of these types of humanity, and further increase the efficiency of existing institutions. When we have put a label upon a patient and know his proper destination we should like to have that destination assured.

2. That our Clinic may be used more and more as the clearing house for all such cases as are found in the City of Toronto.

3. That those with money to spare, may become so interested in this important and basal work, that generous financial assistance be given. If this be received we may reasonably hope to have one of the finest Psychiatric Clinics on the North American Continent.

What was hoped for happened, and in 1915 the interest in the work increased, as the Social Service Department—sceptical at first—began to see that after all the Clinic was really the backbone of the Social Service Movement, was accomplishing true reforms and gathering facts with which to convince the general public. The war, of course, interfered with progress, and the Clinic lost the services of Miss Clarke, who had done so much to organize the work along advanced lines. She felt the urgency of war needs, but left in her place Miss Marjorie Keyes, who had shown great aptitude for the work while acting as a nurse in training. The mantle fell on worthy shoulders and the Clinic developed apace; 473 new cases came under observation in this year and 692 of all classes attended. The activities included no less than 804 home investigations.

In 1916 the importance of the Clinic was recognized and publicly acknowledged by Miss Jane Grant, the head of the

Social Service Department, who, when writing of the work of the Psychiatric Department, said: "It is to this centre that all branches of hospital social service or general social service must look for its salvation. Eliminate the feeble-minded and insane from our communities and all social work would be a joy. We should give to this Clinic an unstinted support, knowing that its failure to achieve success would handicap all other social effort." Coming from one who had been brought up to believe in other social service ideals, this was high praise indeed, and a most welcome admission that the importance of the Clinic was recognized by a leader.

In 1916 no less than 643 new cases attended, 885 old and new came under observation, and Dr. C. M. Hincks pointed out in graphic language what had been accomplished, writing in part as follows:—"Toronto is roused at last! The terrible menace of the feebleminded has shocked the community. The Board of Education considers the present state of affairs intolerable, and is seconded by the Board of Control and the citizens at large. At the present time there is being demonstrated a determined resolve to provide immediate care for the feebleminded of this municipality. Whence has come the dynamic power bringing about such an upheaval of public opinion? Many forces have been at work, but chief among these has been the Psychiatric Clinic. Facts concerning the feebleminded of this city have been accumulating at the Clinic since April, 1914. The data collected was of an astounding character. It was well known by the Clinic staff that if the Provincial and Municipal Governments continued in Dr. Clarke's terms to play 'battledore and shuttlecock' with the problem, then the airing of the facts could effectually put a stop to this pastime. The psychological moment for disclosing our findings arrived, when the Academy of Medicine devoted an evening to a consideration of the question of feeblemindedness. It was pointed out that 1,455 cases had been examined at the Toronto General Hospital—that of this number a large proportion were feebleminded; that 285 were habitual thieves; that 120 had attempted to commit murder; that 59 delighted in setting fire to buildings; that 178 were prostitutes of the worst type and for the most part afflicted with venereal disease; that 201 cases were incorrigible in school, and 53 of

the latter were found guilty of immorality of the most shocking nature. Dr. C. K. Clarke stated that 54 per cent. of the defectives examined at the Clinic were of foreign birth. The newspapers published these startling statements and Toronto was convinced that the problem needed immediate solution.'''

In 1917 the work of the Clinic developed enormously and 1,549 cases were examined, the Juvenile Court furnishing no less than 662 of these. Of this number 489 were diagnosed as defectives, clearly illustrating the intimate connection between feeblemindedness and juvenile delinquency. As usual the proportion of foreign born showed how badly supervised immigration had been, and how necessary it was to inspire the Federal Government, if possible, to adopt a wiser inspection of the immigrants than had been the case in the past.

In 1918 the work again developed and 1,660 cases came under observation, in spite of the fact that some thought we must have completed the survey of the local defectives. As usual the Juvenile Court contributed its large quota, gradually the type of patient began to change, and we received more of the high grade imbeciles owing to the fact that the community is becoming educated in regard to the importance of detecting the moron at the earliest moment possible.

During the early part of 1919 the numbers coming under observation have steadily increased, and evidently when the end of the official year has been reached the average attendance will surpass that of other years. At the time of writing no less than 5,388 cases have passed under examination since April, 1914. This in itself indicates the magnitude of the problem in one locality and incidentally proves that the most pessimistic of the prophets in Ontario have far underestimated the number of defectives in the province. A Government report placed the probable number at 7,000, but apparently Toronto alone must possess more defectives than that. However, it is only by patient delving such as is done in the Clinic that the true facts can be arrived at.

Statistics have been compiled giving accurate diagnoses regarding 4,347 cases, which appeared at the Clinic between April 4th, 1914, and September 1st, 1918, and the results are most interesting as showing how intricate and far reaching the

problem is. Dealing with the defectives alone, they made up practically 50 per cent. of those examined, or including the so-called backward, who in nearly all instances were feeble-minded, almost 60 per cent.—the insane numbered more than 14 per cent., and as probably half of these were children, it is seen that the prevalence of psychoses in childhood is comparatively common. The supposedly normal only numbered 509 all told, and of course, in many of these the diagnosis will have to be revised later on, as the higher grade of morons are not always easily picked out in a Clinic where the time for examination is necessarily limited. At all events it is now made evident that when a complete survey of this community has been made, it will be found that almost the most serious problem to be dealt with is that of the proper care and treatment of the defective and insane classes in our midst. A striking fact when an analysis of the cases from the standpoint of nationality was undertaken was encountered when it was found that Canada could only claim 55 per cent. of some 4,134 cases investigated, Great Britain claiming 31 per cent., and other nations being credited with 14 per cent. This points most clearly to the fact that immigration, as has already been said, must be far more carefully supervised than has been the case in the past. If we were to take into account the number of children born in Canada of recently arrived immigrants the proportion of those who should be classed somewhat differently would bring the percentage of Canadians far below the figure quoted. Unfortunately that was not done, so we must base conclusions on facts which make the recent immigrants give a much more satisfactory showing than they are really entitled to. As the majority of the patients are children of tender years the truth of this argument is abundantly evident.

Coming now to an analysis of the reasons why patients were sent to the Clinic, we find much food for thought. Taking 4,134 cases available at the moment of writing, the following were the reasons why we received them:—

Theft	1,049
Truancy	562
Vagrancy	347
Environment and bad home conditions	79

Immorality	292
Immorality among school children	86
Shopbreaking	50
Setting fire	74
Illegitimate children	262
Backwardness	332
Bodily violence	122
Helpless	98
Epilepsy	76
Private cases	110
From military authorities	183
Referred from other clinics or institutions for routine examination	329
Attempted suicide	1
Incorrigibility at home	82

In brief, the common causes were theft and immorality, and if we include the vagrants among the immoral figures we readily discover that these two classes furnish almost 50 per cent. of the total figures, not at all surprising to those who are working in the Clinic, as the various forms of delinquency are always prominent among the Juvenile Court cases.

In penning this article no attempt has been made to go into a minute analysis of what has been done or is being attempted, because to do so would be to take up one or two complete numbers of the journal. What it is hoped to accomplish is to direct the attention of the readers to an intelligent conception of the scope and aims of a psychiatric clinic. The establishment of such clinics is imperative in all communities of ten thousand or more inhabitants and the institution of travelling clinics in smaller centres, as it is only by persistent and well-planned surveys of each district that the greatest good will be accomplished. In subsequent issues more detailed studies of the individual problems encountered in the Clinic will be undertaken. The Clinic is to be congratulated on the devotion of its present social workers, Miss Kniseley, Miss Moss, Miss Grant and Mrs. Dewey, who have the most advanced ideas in connection with the aims and endeavors of this branch of Preventive Medicine.

To Mrs. D. A. Dunlap, so many years the generous President

of the Social Service Department, much of the clinic's success is due, as she not only provided a great deal of the money required to keep it alive, but was always an ardent believer of the importance and significance of the movement to care for the defective classes.

Nationality of 4,134 patients attending Clinic from April, 1914, to February 1st, 1919:—

Canada, 2,299; England, 929; Russia, 216; Scotland, 287; United States, 112; Ireland, 84; Italy, 64; Poland, 27; Roumania, 16; Austria, 15; West Indies, 9; France, 9; Wales, 6; Germany, 5; Greece, 5; Malta, 5; Galicia, 5; South Africa, 4; Finland, 4; Holland, 3; Newfoundland, 2; India, 2; Belgium, 2; Serbia, 2; Denmark, 2; Australia, 2; South America, 2; Norway, 2; Iceland, 1; Sweden, 1; unknown, 11; Bermuda, 1.—*The Canadian Journal of Mental Hygiene.*

Canadian Hospitals

NURSES GRADUATING AT VICTORIA HOSPITAL, LONDON

THE results of the recent examinations at Victoria Hospital Training School for Nurses, London, Ont., were made known on May 2nd, and graduation exercises were held on May 7, at Wesley Hall. Diplomas were presented to the following nurses: Florence Winnifred Ashplant, London; Mary Barkwell, Lucknow; Natalie Waugh Beverley, London; Myra Lilian Black, Rockwood; Alma Elverta Browne, London; Gertrude E. Gibson, Smith's Falls; Susie Pitt Giffen, Strathroy; Ethel B. Gosnell, Highgate; Glorondo Greer, London; Grace MacLean Harper, London; Jennie Gertrude Jeeves, London; Annie Mae Stinson Johnson, Melbourne; Alta Mae Johnson, London; Margaret Mae Jones, London; Annie Grace Maker, London; Flora Belle McGugan, Komoka; Margaret Phillippo, London; Edythe Lillian Raymond, London; Dorothy Reid, London; Mary Helen Riddick,

London; Gladys Joy Shannon, Highgate; Irene Simson, London; Vera C. Steels, London; Leota Isabel Sutherland, Delaware; Janet Thomson, Teeswater; Rosana Turner, Elmwood; Gertrude L. Williams, London.

NEW MOTOR AMBULANCE FOR GUELPH

THE handsome new motor ambulance which was purchased by the Guelph Branch of the Red Cross Society, was formally handed over to Mayor Carter at noon on May 2nd, by Mrs. McConkey, the president. His Worship accepted it and immediately turned it over to the care of the Board of Health, it being accepted by Chairman J. A. Hewitt. The ambulance is a Packard, and was formerly used in one of the camps of the Royal Air Force. Only a nominal charge will be made for its use.

KINGSTON HOSPITAL GRADUATE NURSES

THE following nurses are to be graduated from the Kingston General Hospital Training School: Madge Glenn, Constance Nesbitt, Amy Caldwell, Kingston; Carlotta Brouse, Iroquois; Myrtle Watt, Kingston; Marion Davis, London; Olive Anderson. Lindsay; Ethel Simmons, Kingston; Lillian Berney, Carraduff Ferns, Ireland; Grace Lyons, Toronto; Blanche Heasler, Gananoque Junction; Christine Hume, Milton West; Bessie Wilson, Alma Frost, Kingston; Lillian Ford, Tichborne; Lorena Sheffield, Lyndhurst; Blanche Bauder, Verona; Mary Avery, Mallory Town; Lily Rogers, Kingston; Leith Cochrane, Stella; Lilla Wilson, Wellington; Lucinda Mitchell, Elmwood, Ont.

The Gold Medalist was Miss Myrtle Watt, Kingston, and the winner of the silver medal was Miss Carlotta Brouse, Iroquois. Prizes were won by Miss Ethel Simmons and Miss Myrtle Watt, both of Kingston.

HOSPITAL FOR HUNTSVILLE

AT the annual meeting of the Huntsville Board of Trade an active programme was planned for the coming year. They are now promoting a campaign in the interests of a public hospital for Huntsville.

NURSES' GRADUATION AT OWEN SOUND

More than 500 people attended the nurses' graduation in the Town Hall at Owen Sound on May 23rd. Those graduating from the Owen Sound and County of Grey General and Marine Hospital, were Nurses Miles, Shouldice and Sheffield. The chairman was Mr. Elias Lemon. Warden John McQuaker, of Owen Sound, addressed the meeting on the objects and the good done by the hospital, and spoke of the expenses that were necessary for the upkeep of the institution. The Florence Nightingale pledge was read to the graduating nurses by Rev. Judson Kelley, and the medals were presented by the Matron, Miss McArthur. Dr. Middlebro', in his address to the nurses, referred to the examples set by Florence Nightingale and Edith Cavell, and gave a few words of advice to the nurses on entering their profession. Six pretty flower girls then presented handsome bouquets of roses to the nurses.

WESTERN HOSPITAL CLOSING EXERCISES

At the closing exercise of the Western Hospital, which were held on May 22nd, 23 nurses were presented with their pins and diplomas, while a number of prizes and scholarships were also awarded. The auditorium was a mass of flowers, ferns and palms, and formed a picturesque background.

Mr. Thomas Hook, M.P.P., presided over the gathering, which opened with the national anthem. The devotional services were conducted by the Rev. R. B. Cochrane.

After a short address by Rev. W. A. Cameron to the graduating class, Miss M. A. Snively presented the diplomas and pins to the graduates. This was followed by the presentation of scholarships by the donors. Miss Elgin Law received the Dr. A. A. McDonald scholarship for general proficiency, Miss Alice M. Ford was presented with the second prize for general proficiency by the donor, Col. Noel Marshall, while Miss Gertrude Daniel, Toronto, who tied for this honor, was presented with a prize by Mrs. H. C. Tomlin. The Hart-Heggie scholarship for the highest average in practical work was won by Miss Elgin Law; Dr. Elias Clouse prize for operating room technique went to Miss Violet

Bishop, while Miss Luella M. Reid, of Acton, was the lucky winner of the gold medal awarded by the Ladies' Board, and which was presented by Mrs. S. M. Ray. Professor John Ferguson's prize for the highest marks in anatomy was awarded Miss Alice M. Ford. In the intermediate year, Miss Phyllis G. Sutton, Caledon, won the Thomas Findlay prize for general proficiency. The Vokes prize for the highest average in examination was presented to Miss Helen M. Cringan, Toronto. Miss Jessie Marshall, Eversley, carried off the Thomas Crawford prize in the junior years for general proficiency.

The list of graduates is as follows: Miss Flora Alexander, Toronto; Miss Edna A. Andrews, King; Miss Rahno Beamish, Woodbridge; Misses Ellen Benson, Toronto; Violet Bishop, Toronto; Marjorie E. Bradshaw, Prince Albert; May E. Campbell, Vankleek Hill; Josephine Cameron, Lucknow; Helen G. Cummings, Toronto; Esther R. Cunningham, Watford; Gertrude Daniel, Toronto; Jessie E. Douglas, Toronto; Nellie J. Ellinor, Toronto; Annie C. Essex, Alice M. Boyd, Port Perry; Cora B. Kerr, Wingham; Elgin Law, Ida, Ont.; Ada E. Lindsay, Toronto; Luella M. Reid, Acton; Mabelle L. Smith, Coldwater; Mary E. Thomas, Woodbridge; Kathleen E. Tolchard, Toronto; Laura E. Webb, Toronto.

GUELPH GENERAL HOSPITAL GRADUATION

THE annual graduation exercises in connection with the Guelph General Hospital took place on Friday evening, May 23rd, at the hospital. The graduating class this year was the largest for a number of years, numbering fifteen. There was a large number of citizens in attendance, and an excellent musical programme was carried out, followed by a social dance at the Nurse's Home. Following are the names of the graduates: Rochall H. Speers, Owen Sound; Ethel M. Eby, Guelph; Francis B. Mann, Morriston; Hazel M. Taylor, Sarnia; Anna J. Fennell, Elora; Mary E. Smith, Hespeler; Mary G. Sugden, Guelph; Mabel A. Bowen, Port Elgin; Mary L. Wilhelm, Hanover; Katharine Craik, Mossley; Winnifred Maclean, Port Elgin; Ethel J. McCullough, Guelph; Ella M. Fraser, Campbellville; Alma W. Fleming, Listowel; Miriam Lawson, Midland; Miss Fennell, of Elora, won the general proficiency prize.

Book Reviews

Donald Hankey, whose "Student in Arms" is one of the best books on the war, in his chapter on "Heroes and Heroics," says something all hospital workers should ponder over.

"But from what the writer has seen and experienced, he judges that the one thing which a wounded soldier cannot expect is to be treated like a man. He is sent to 'Blighty.' He arrives at the hospital. His chief pleasure, oddly enough, lies in the prospect of seeing something of his relations and friends. He is surprised and indignant when he finds that he is only allowed to see visitors of his own choice, two at a time, for two hours, twice a week. On the other five days he has to put up with the licensed visitors of the hospital. They may be very elevating and amiable people, but he feels no conceivable interest in them. He is still further dismayed when he discovers that under no circumstances may he visit his home while he is a patient. He may go to tea with Lady Snob or the Duchess Downshire; but not with his wife or his mother. The writer's neighbor in the hospital ward was a case in point. He was a man of about thirty who, at the outbreak of war, was holding a responsible position in Sydney. He had all the self-respect which is typical of the colonial of even a few years' standing. He was receiving ten minutes' electrical treatment per diem, with a view to restoring sensation to one of his hands. Otherwise, he was able-bodied. His father lived within twenty minutes' walk of the hospital, but not only was he not allowed to live at home and attend as an out-patient; he was not even allowed to visit his home. He was told that the treatment would have to be continued for some six months, and meanwhile he must be a prisoner in the hospital. At the V.A.D. convalescent home to which the writer was subsequently transferred, and which was regulated from the hospital, there were several married men whose homes were within reach. They were absolutely forbidden to visit them. One man, who had been in the hospital for nine months, without ever going home, was so disgusted that he eventually took French leave for a couple of

days. On his return he was put in the punishment ward of the main hospital, where he was deprived of tobacco and visitors, and was informed that when he was discharged he would be sent to his battalion for punishment! His comment was, 'You'll see; when this war is over, it will be just as it was after South Africa. We shall be so much dirt.' When he did leave the grounds, it had to be in the conspicuous garb of a military convalescent, that all men might stare, and under the escort of a nurse. Many a quiet, sensible fellow preferred not to go out at all."

A Reference Handbook for Nurses. By AMANDA K. BECK, graduate of the Illinois Training School for Nurses. Fourth Edition, Revised and Enlarged. 32mo of 242 pages. Philadelphia and London: W. B. Saunders Company, 1919. Flexible leather, $1.50 net. Canadian Agents: The J. F. Hartz Co., Ltd., Toronto.

A nice pocket volume—a *multum in parvo,* on general nursing, with articles by specialists respecting preparation of the operating room, ophthalmia, electricity. A practical little work.

Training School Methods for Institutional Nurses. By CHARLOTTE A. AIKENS, formerly Director of Sibley Memorial Hospital, Washington, D.C.; formerly Superintendent of Iowa Methodist Hospital, Des Moines, and of Columbia Hospital, Pittsburg. Author of "Hospital Management," "Studies in Ethics for Nurses," etc. 12mo of 337 pages. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, $2.25 net. Canadian Agents: The J. F. Hartz Co., Ltd., Toronto.

A book most helpful to the nurse who aspires to hospital executive work or to training of nurses. Section 1 discusses the task, the pupils in the various years, the teachers and their methods, the principles of teaching, choice of books, economy, examinations, records and reports. Section 2 considers the choice of a head nurse and her relations to patients and respon-

sibility to subordinates, bedside teaching, ward housekeeping and management. Chapters are added on orders and records, the chief surgical nurse, the night supervisor, and concludes with a list of prefixes and affixes used, in medical terms, and an index. The chapters on bedside teaching contain many good, practical hints.

Ultra Violet Rays in Modern Dermatology, including the evolution of artificial light rays and therapeutic technic. By Ralph Bernstein, M.D., Professor of Dermatology, Hahnemann Medical College, Philadelphia. Achey and Gorrecht, Lancaster, Pennsylvania.

The author attempts, in a practical way, to give to the profession the results of his clinic experience with the use of ultra violet radiations in the treatment of diseases of the skin.

Making Good on Private Duty. Practical Hints to Graduate Nurses. By Harriet C. Lounsbery, R.N., President West Virginia State Nurses' Association. Philadelphia and London: J. B. Lippincott Company.

This is a most helpful little volume for all nurses essaying private duty—the hints being the fruit of the author's own experience. All the recipes given she has found to be reliable. Emphasis is laid on the service of food, and the directions to an expectant mother as to what is needed. The book is meaty—full of good things.

The 36th Annual Report of the Provincial Boards of Health of Ontario.

Our attention was recently called to the certified list of deaths which occurred in a city not far from London, Ont., which deaths occurred between December 1st, 1916, and December 1st, 1917, as follows: Spinal carriers, arteriosclerosis and clephritis, artheronia of arteries, solpigitis and cystic ovaries, choked by milk in tracheal, lympho-sarcoma of mediastin, pzloricstenosis, phthysis pulmonalis, allulitis, otitis oedera. May we suggest that the Secretary of the Board intimate to the printers that a little more careful proof-reading would be in order?

Invaluable to a Nurse*

Now that woolens are becoming so very expensive, it is worth while knowing that by using LUX, a preparation composed of tiny flakes of the purest soap, that woolens, blankets, underwear, sweater coats, etc., can be washed absolutely clean without rubbing or strain. The best method is to use say 2 to 3 spoonfuls of LUX to the gallon of hot water. Stir this about until a rich, abundant, creamy-like lather is produced. The woolens are placed in this liquid and gently stirred about, at first with a stick and then as the water cools the hands can be employed to gently lift the woolens up and down and from side to side. In this process the dirt will be seen to run out as the cleansing power of LUX is much greater than would be imagined, due to its purity and the fact that it dissolves completely in hot water. After rinsing carefully in 2 or 3 relays of fairly hot water, the water should be carefully squeezed out and the garments hung to dry, when they will be found to be clean, fluffy and quite new in appearance.

A Hospital Scene*

GEORGE WESTON, writing in the *Saturday Evening Post,* paints a vivid picture of life in a military hospital on the night of a big battle, as follows: "Almost till daybreak we were performing such supplementary operations as were necessary to those which had been hurriedly done in the dugouts, renewing bandages, bathing patients, and giving them soup and broth; the doctors working in silent intensity, every patient a stoic, every nurse a heroine." He says that whenever the staff could do so, they gave the patient a cigarette. It is a wonderful help.

Pneumonia at the Front*

C. WANDERS, Grand Hotel Hospital, reports the successful use of Antiphlogistine in a great number of bronchial and pulmonary cases.

"I want to acknowledge," writes Dr. Weisenburger, Head Physician Military Hospital No. 37, Pont-Croix, "that Antiphlogistine rendered the greatest service in the case of a victim of pneumonia, who experienced a diminution in the distressing and painful intensity of the stitches in his side and in his labored breathing, thanks to the slow and gradual reaction, and to the moist and beneficial warmth induced by this topic upon the skin without interfering in any way with its functions."

DR. FOUREL, Temporary Hospital No. 1, Langres, obtained remarkable sedative effects from the use of Antiphlogistine in the dyspneal symptoms of pneumonia. He states that the results have been most satisfactory in every instance.

* Publisher's Department.

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Laxatives and the Physician

When you prescribe a saline laxative you expect to remove as quickly as possible from the gastro-intestinal tract the retained products of food ingestion and other toxic substances which are harmful to the patient.

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For such a laxative we recommend PLUTO WATER. It stimulates intestinal secretion and movement and with varying dosage acts as a mild aperient or a free cathartic.

The French Lick Springs Hotel Company at French Lick, Indiana, will be pleased to forward sample bottles at no expense to the medical profession, who are under no obligation whatsoever.

Victor Dish Washing Machine

The attention of the readers of The Hospital World is called to the advt., appearing in this and subsequent issues, of F. G. Street & Co., 60 Broadway, New York. This firm manufactures what has been proved to be at Toronto General and other hospitals a most satisfactory Dish Washing Machine. It washes, rinses and sterilizes thoroughly. It does *not* chip or break china, the dish is washed *inside* and *out*, it requires less labor, less soap and less water than most other machines do and, what is very important these days when help is so scarce, any unskilled person can operate it.

Victorian Order of Nurses

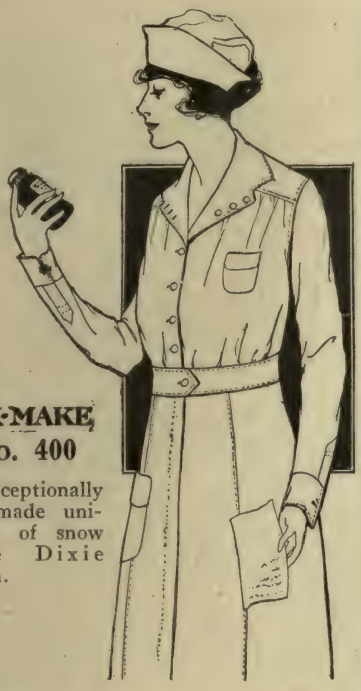
The work of the Victorian Order of Nurses in the City of Toronto has increased to such a volume that it is decided to practically double the staff of nurses. The V. O. N. nurses are at present housed at the headquarters building, 281 Sherbourne Street, but with the additional staff, the premises will have to be enlarged or new quarters found. Miss Hall, the lady superintendent, will be pleased to receive applications.

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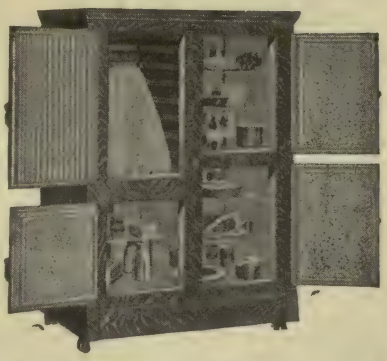
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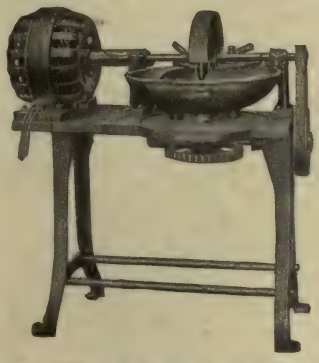
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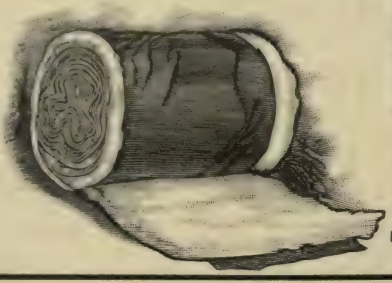
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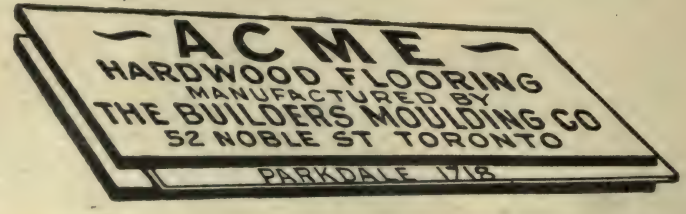
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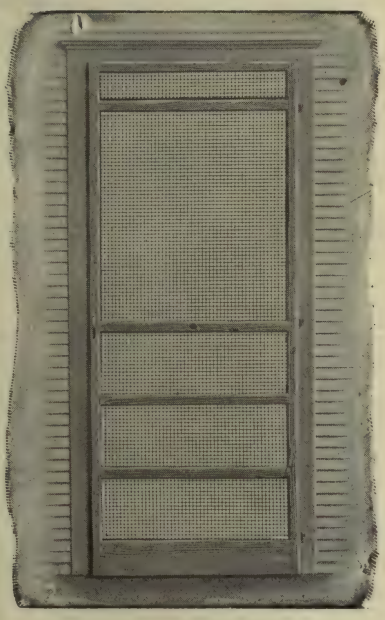
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The Sterilizer holds no terror for these steam-cured rubber gloves



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In curing, no chemicals of any kind are used. **Our gloves are cured through the live steam process.**

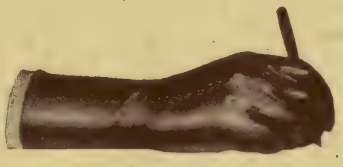
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Reid Bros. Gloves have perfectly shaped palms, long tapering fingers, and slender, snug fitting wrists. Perfection in such important details is accomplished only by skilful workmen. Every man in our plant has the experience of five to fifteen years manufacturing NOTHING ELSE but surgeon's gloves.

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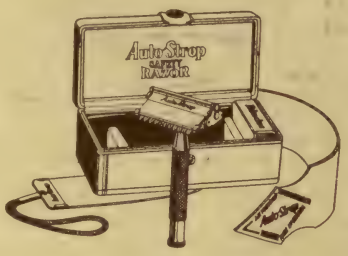
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THE OFFICIAL ORGAN OF THE CANADIAN HOSPITAL ASSOCIATION

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THE HOSPITAL WORLD

Vol. XVI Toronto, August, 1919 No. 2

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require not only building materials, such as protein, lecithin, etc., but also adequate amounts of the so-called "chemical foods"—calcium, sodium, potassium, manganese, phosphorus, and iron. Metabolism, moreover, is benefited through the "dynamic" action of quinine and strychnine administered in small doses for a considerable period.

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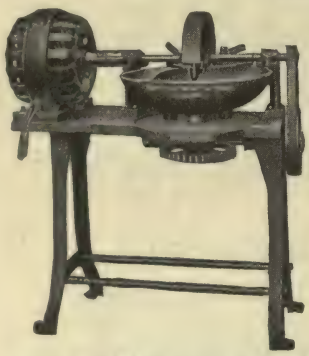
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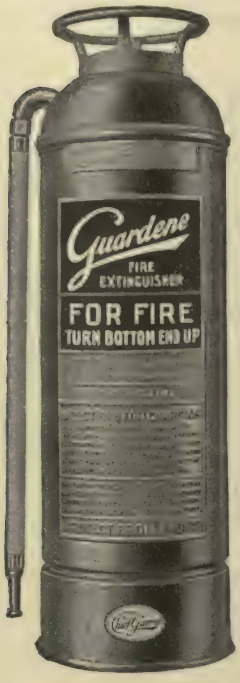
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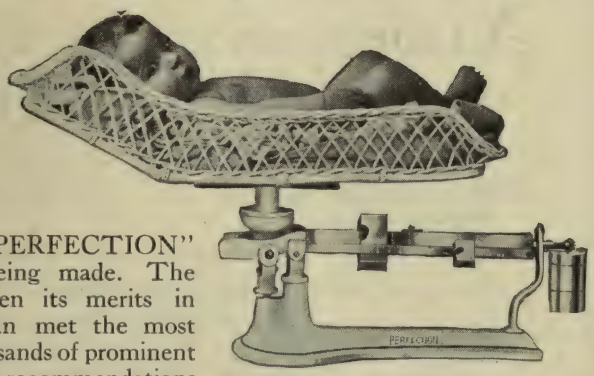
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IN SUNBURN

the beneficial action of ***Antiphlogistine*** is immediate. When the affected part is covered with ***Antiphlogistine*** the smarting is instantly relieved, the hyperaemia and erythematous inflammation of the skin entirely disappears, and dermatitis with vesication is obviated.

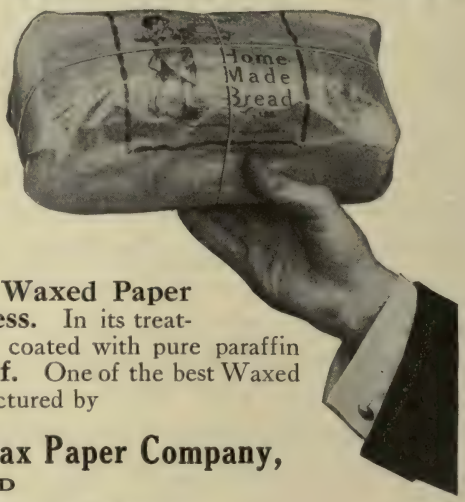


is of particular value in Entero-Colitis---
especially in children.

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By the adoption, in not only Hospitals, but to a smaller degree in private homes, **of waxed paper covering all foods,** hospital chefs (and housekeepers) **would undoubtedly very materially reduce the cost of upkeep,** particularly in private patients' buildings, where delicacies are in constant use. **Waxed Paper is both tasteless and odorless.** In its treatment it is scientifically saturated or coated with pure paraffin wax, rendering it **moisture proof.** One of the best Waxed Papers made in Canada is manufactured by

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See if its cleanly odour—its creamy velvety lather and the healing of its antiseptic vegetable oils do not have a wonderful tonic effect.

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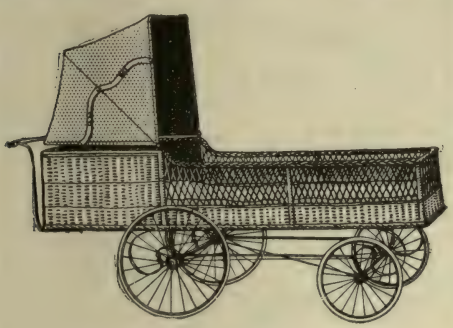
Is made from materials the purity of which is beyond question. It is more than soap—it is antiseptic and germicidal in character—it is best for the bath, at any age—it is par excellence the soap for washing all garments that touch the skin and for all housework.



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Of Every Description

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It is milk prepared for easy and complete digestion by coagu ation before it is eaten and by the same ferment that coagulates it within the normal, healthy stomach.

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Saving 5 to 50 lbs. of Butter Daily is Patriotism

——————*AND GOOD BUSINESS*

The World to-day is suffering for fats

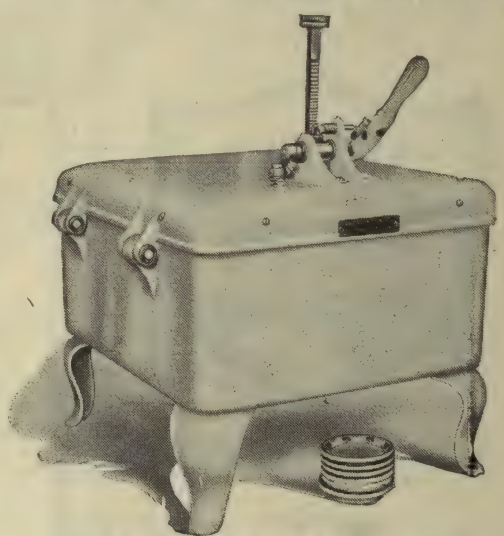
To conserve butter fats for our soldiers and Allies is a **military necessity.** Doing it now will avoid a shortage of butter fats later, which would be as serious as the present coal and sugar shortage. Why wait for a crisis or "Butterless Days?"

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Remember they will save $800 yearly to every 200 people served three meals daily.

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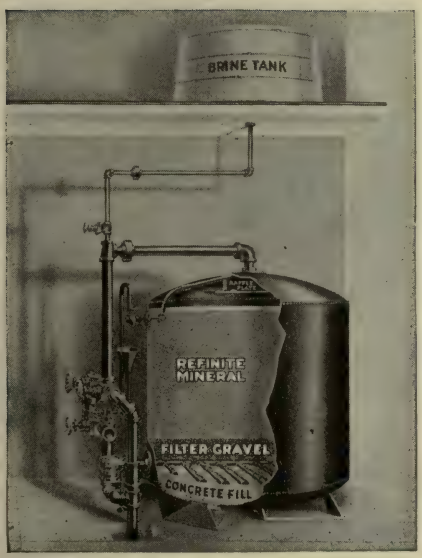
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The linen of a certain well-known hotel (name furnished on request) is laundered in water softened by Refinite. Recently the hotel manager told the laundryman: "Formerly, my linen pieces lost their usefulness in about six weeks. I find that since you have been laundering them not one has worn out, *and that has been more than five months.*"

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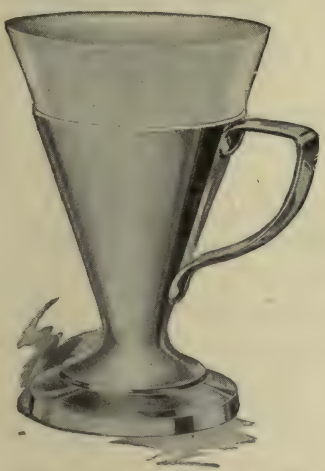
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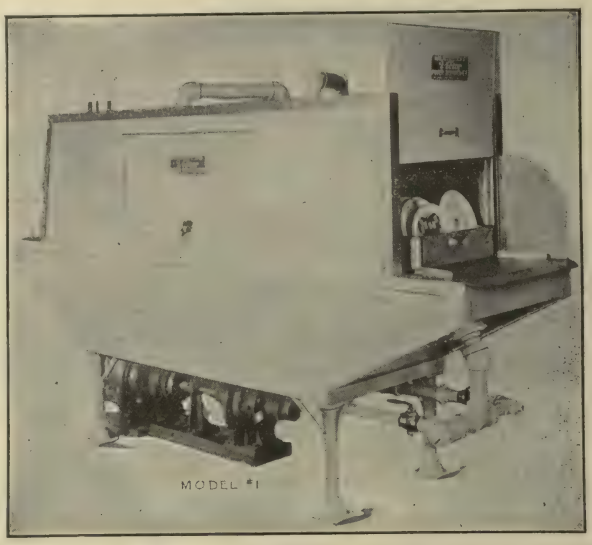
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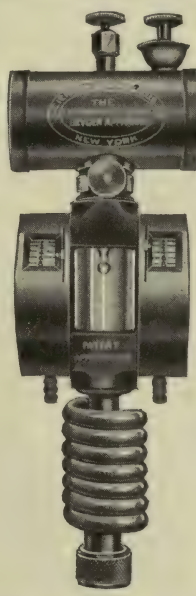
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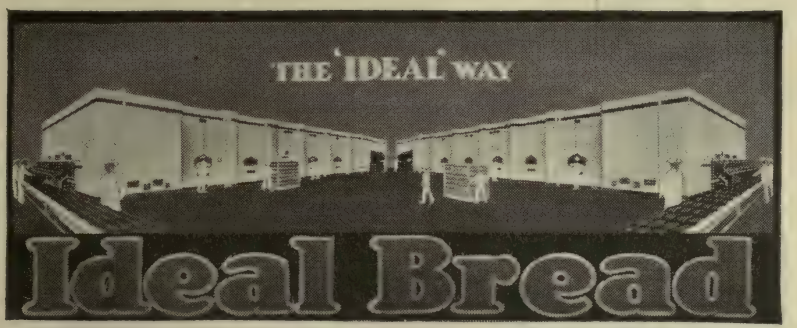


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(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums, and Public Charitable Institutions throughout the British Empire.

Vol. XVI. TORONTO, AUGUST, 1919 No. 2

Editorials

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ized and manage their internal affairs in much the same way. In the development of this idea a book might be added, but the beginning of actual accomplishment lies in the re-education of the public to its duty and responsibility to the mental-sick. In the remodeling of public conception of mental sickness and the mental sick, and finally in the conversion of hospital authorities from the old custodial thoughts to the better and more natural community life spirit.

The next step is to convince them and the public that the mental hospital or public institution of any character having a large population in which physical energy is abundant, is sufficient unto itself. It should be independent of the outside world in everything. It should have land enough to supply its food—vegetables, milk and meat. It should be equipped to furnish recreation, amusement, employment to all physically able—mental eccentricies and distortions should never be a bar to physical exercise or employment. It should be equipped to treat skillfully every manner of physical and mental sickness. It should practice all the especialities. It should do surgery comparable with the best. Its hospital and its medical staffs should stand at the head of the profession. Its farming and animal husbandry should be models of all the surrounding country. It should weave its own cloth for clothing and bedding and should fashion it to all needs. It should make its own shoes and its own furniture; make all its repairs, and build its additions. What

it might not be able to raise or make it should be able to secure in exchange with another similar community or with the outside world. Herein lies not only an economic hope but, of greatest importance, a therapeutic potentiality whose force for social and individual benefit we are not yet able to fully realize or measure.

Society Proceedings

THE CANADIAN MEDICAL ASSOCIATION

HOSPITALS AND THE TEACHING OF SURGERY

The Quebec meeting was marked by excellent addresses in medicine and surgery. The former was presented, on invitation, by Dr. Jasper Halpenny, of Winnipeg; the latter by Dr. W. S. Thayer, Professor of Medicine in Johns Hopkins. Both gentlemen were given a small ovation at the conclusion of the delivery of their papers and were accorded heartiest votes of thanks. So impressed were the surgeons with Dr. Halpenny's suggestions that, on motion of Dr. Herbert Bruce, the Association resolved to print and send to every trustee of every hospital in Canada a copy of his paper. Dr. Halpenny's paper was on "Hospitals and the Teaching of Surgery." Great changes, he said, had taken place since the introduction of the teaching of medicine inaugurated about the middle of the 17th century in the Hotel Dieu in Paris. In those days but a small proportion of sick people went to hospitals for treatment; now a large proportion go. As a consequence of this more general use of the hospitals by the people, greater responsibilities to the patients rest upon the surgeon; and also greater importance is attached to the training of the intern of the future. The chief attention of the hospital, of course, should be given to the patient. The surgical care of the patient embraces more than the technical attention given to him at the operation. The patient's interest is not merely in having the necessary operation performed well, but in becoming completely restored to good health. The medical profession exists for the betterment and welfare of the people—physically and mentally. It must take its full share of the responsibility involved in filling its place in the complex social fabric of the modern age. The acceptance of the patient by the hospital should carry a guarantee that his case will be thoroughly studied and that the surgical procedures will be well done. By some sure method the trustees should

know whether the men appointed to this work are competent and skillful. This responsible body should not allow an incompetent man to undertake an operation upon a patient, which to the patient is an all-important matter. No improper or unwarranted procedure should be allowed by those in charge of hospitals. Not all hospitals are worthy of the confidence of the patient. Trustees are not sufficiently imbued with the feeling of their responsibility to the public in respect to the work done by their staff. It is the duty of the medical men to impress upon the Boards of Trustees the importance of securing conscientious and well-trained men to carry on the work of the treatment of patients. Many members of Hospital Boards would shrink from knowledge of affairs in the institutions with which they are connected if the true conditions were revealed to them. The physicians' and surgeons' responsibilities are very great. They are the only people legally qualified to take care of the sick. If the profession connives at incompetent surgery, it loses its right to the confidence of the people. Is the surgeon bound to reach only a fair standard of efficiency before he may relieve the trustees of their responsibility? Some think so. If first-class nursing is expected, why should less be expected of the surgeon? In some hospitals this is not a problem at all, because members of the staff are fully qualified, and they only are allowed to operate on private patients. But in the great majority of cities this is not the case; patients in private wards are subjected to operations by so-called surgeons, not on the staff, who are incompetent. Should such men be allowed to do major operations? The profession and the Board of Trustees should answer this question. If they do not, the public will. Many operations are badly done by men who have spent no time in special preparation for learning the performance of such. Sometimes unnecessary operations are done. Emergent surgical cases in distant localities must often be undertaken by the general practitioner. Some of the noblest medical work is done by men in small outlying places, as a matter of necessity; and these emergent operations are often well done. Surgeons do not perform all operations perfectly after making an accurate diagnosis. The

man who has spent much extra time in his training for surgery will give better service than an untrained man. It is highly desirable in the interests of the public that major operations in the larger centres should be performed by men who have been specially trained over a prolonged period in that sort of work. Skilled surgeons, good nurses, good interns are necessary; and an adequate record of each and every patient should be kept. Some men attending patients do not seem to see that a record of what is done is any concern of theirs. It is highly important, in case of a subsequent illness with operative procedure called for, to know definitely and accurately what has been done at the former operation; such knowledge may be of the greatest importance. These histories should be duly filed among the records of the hospital. Trustees should employ a real, wide-awake superintendent, who should be given complete control. They should provide him with the money needed to run the institution and approve what he does. He should be their executive and make things which the doctors want come true. He should see that the general organization is complete, that the work of the various departments is duly co-ordinated. He should secure such equipment as will enable the doctors to keep pace with the growing needs of the hospital, and secure for each patient what he or she needs. Close watch should be kept on the operating room, and a check kept upon all work done there. The superintendent's personal opinion should be checked up by the staff. The superintendent should see that each patient requiring it gets good surgical treatment. Surgeons must have all that modern science can contribute. There should be a competent resident staff. The operating staff should include thoroughly trained nurses. There should be also a sufficient clerical staff to ensure the keeping of proper records. All steps of the operation should be recorded by the operator either to a stenographer or to a dictaphone. This may be done during the operation or immediately afterward in an adjacent room. In the matter of nurses, the same ideals are necessary. The supervision of the operating rooms ought not to be entrusted to a pupil nurse. It is not fair to the patients nor to the surgeon. The surgeon requires as

surgical assistants graduates in medicine; so he should insist that the chief assisting nurse should be a graduate. And she should train the undergraduate nurses in the nursing technique of the operating room. The employment by hospitals of nurses in training for this most important work should be stopped.

There should be closer co-operation between the hospital and the public. If we demonstrate the real scientific spirit to the uninitiated public we are the more likely to secure their moral support. The public has been more ready to help us and more anxious to understand our problems than we have been to take it into our confidence. The staff and the trustees must have right ideals in respect to medicine. Efficiency on the part of the one and service on the part of the other must be striven for. Advance in scientific knowledge in the cure of disease and the amelioration of human suffering should be our ideal, rather than the gathering of dollars and cents. The latter will follow in the train of the former. Trustees are anxious to do the right thing. They must be taught the difference between a custodial and a remedial hospital.

One of our weaknesses in the practice of surgery is the lack of a research department in connection with our work. Progress cannot be made without such; lacking this, men become stationary; all workers should be kept studious. This is a *sine qua non*. Such a department would be of great service to the intern staff. It would afford an outflow for their energies. The seniors on the visiting staff, directing and overseeing this work, would be greatly benefited. Such a department need not be expensive or extensive. Proper facilities ought to be provided in this research laboratory for new work and for repeat work—trying out experiments others have made with a view to verifying them or contrariwise. In such a department these young men might test out surgical procedures and thus become proficient in their performance.

The full time idea has been introduced at Baltimore and in Chicago. Why? Because of dissatisfaction with existing conditions; and unless existing conditions show signs of

improvement it will be introduced in other places as well. Too many men hold plural hospital appointments without doing justice to any. By such a system the hurried visiting surgeon passes his orders on to the intern, who passes them on to the head nurse, who passes them on to the probationer, who passes them on to the orderly, who passes them on to the dead man!

When should the instruction of the surgeon begin? As a student or graduate? If as a graduate, should he be taught by an internship or by taking the academic post-graduate work after he gets into practice? If in practice, should he work with a surgeon or act on his own initiative? The practical preparation for doing surgery should begin after graduation. It is a grave error to think that a doctor can learn surgery by a course of operative work on the cadaver. A regard for the living tissue is of supreme importance. After finishing his academic term no student should be given a license or degree as a surgeon until he has had one or two years' experience in a hospital. All students, irrespective of any special knowledge, should take a general all-around training in all the services of a general hospital for at least one year. After this a man who wishes to become a surgeon ought to begin his special training, and spend two or three years as a resident surgeon in a teaching hospital. During this period he ought to be paid at least as much as is paid to the operating room orderly. Trained nurses are paid for their services in a hospital. If orderlies and nurses are paid, these young men who have spent two years in pre-medical studies, five years in a medical college, and a year or so in intern work, should receive at least a small financial reward for their work. As these men grow in knowledge and dexterity, they should be given increased responsibility, first under the eye of their chief, and later alone. The young surgeon must be taught to carry the load himself and realize the responsibility a surgeon must assume on his own account. With the mass of material which must be worked off by a medical student during his college course, it seems impossible that a man can accomplish all that is necessary for him to learn, and to acquire the skill to carry out the more difficult

surgical procedures. How much should be taught the undergraduate?

First, living pathology. The pathology, as an example, back of the hard belly wall, due to the rupture of a viscus. He may examine the patient on admission and see inside the abdomen at the operation, note the conditions found—adhesions or otherwise. The specimen removed should be the subject of laboratory study, both in its macroscopic and microscopic aspects. In minor operations he may study the steps taken in carrying out the various techniques. He may learn something of the possibilities of surgery and likewise of its limitations (a point of no small importance). He may learn surgical asepsis—of inestimable service to the undergraduate if he goes into obstetric practice. He may learn minor surgery of the chest, such as the use of the aspirating needle, a procedure he will often require to carry out if he goes into general practice.

A man will be a better surgeon if he takes time to learn surgery. The surgeon of the future will be carefully and thoroughly trained over a period of years. A man should not undertake major surgery, other than emergent cases, in the larger surgical centres, unless he has first spent some time fitting himself for that work. The earlier method by a system of apprenticeship was another door by which to enter the surgical arena, but this is not applicable nowadays, seeing that the vast majority of surgical operations are performed in hospitals. In a hospital the man gets an opportunity of observing the after treatment in its entirety.

Shall the graduate take a post-graduate course? If such a course includes an internship it will fill all requirements; but an academic post-graduate course which merely stresses operative work on the cadaver can scarcely be said to be the right way to learn surgery. As an intern and afterward as a resident surgeon in a teaching hospital is the way the man in the future will arrive at the goal, and it depends upon the hospital as to how well he will be trained. The hospital has a manifest duty to the intern, and few hospitals recognize how much they owe this officer. In the past it would seem to have been the policy of the hospital to conclude that

the employment of these young men without pay was a cheap way to get labor. The educational aspect of the training of these young men as a duty on the part of the hospital should be taught to Boards of Trustees, if the surgery of the future is to be what it ought to be.

The hospital should teach the intern medical knowledge, ideals, thoroughness and imagination. The staff and authorities should cultivate all these. That the hospitals must become teaching and diagnostic centres everyone now agrees. Applying this rule to the training of surgeons, it is doubtful if any hospital in Canada has come within a measurable distance of the goal. There is no systematic training of house surgeons in history taking, examination of the patients—in securing as much of the objective and subjective symptoms as possible—before the help of the laboratory is sought. Not only is training along the above lines needed, but training in laboratory investigation should be given, in study of X-ray findings to ascertain if they conform to the findings by physical examination. Sometimes the laboratory findings overshadow the clinical findings. This should not be the case. Upon such thorough work will depend whether the patient leaves the hospital in a limousine or by way of the morgue.

It is to be regretted that in the western part of the Dominion it is difficult to get post-mortems. This work is important to the intern looking to surgery. Interns are more ready to assist at operations than to take histories, undertake laboratory work or perform post-mortem examinations. To get his hand in at the operation "looks good" to the intern. History taking and after treatment do not appeal to him so much.

The teaching of ideals must not be forgotten. The hospital should set the standard for the young surgeon. Is this work not too often confined to occasional conversations over the open wounds? How much do the hospitals do on this point? Is the hospital all it should be? Is there anything wrong with the hospital training in this respect? Yes. Men have been observed to come out after graduation with proper ideals, because of improvements in laboratory courses, but during their hospital experience their ideals have become

lowered—the narrow ideals of daily practice. The acquisition of knowledge seems to be finished; books, as tools, have been forgotten. The chief fault for this condition of affairs lies with the men who teach in the hospitals. They should endeavor to give these younger men a broad outlook. The staff have an important duty to perform in this regard. In future they should help to make it really worth while for men to spend years in a hospital. If they do not, they will have to give place to men of vision, who will help to train the young student surgeon. The houseman must be made to acquire such a fund of knowledge that he may make it a part of his permanent mental equipment. He cannot hire some one to think for him. He who embarks on a surgical cruise ships for no "joy ride." If we wish to raise the standard we must weed out the undesirables. The real surgeon must know as much as any man in any branch of medicine, and "then some." "Then some." The whole field of surgical technique, and "then some."

There should be a surgical laboratory in connection with all teaching hospitals, and it should be thoroughly equipped for surgical research work.

The senior resident surgeon should be selected with great care. Once placed in responsible positions, the Hospital Board should see to it that he receives an adequate money return. Any manufacturing concern would compensate such a man well. Such a man cannot afford to give his time after so long a period of training without adequate remuneration. The intern of the future must be paid. The real hospital is responsible for the educating of our future surgeons, students and nurses, as well as for the care of the patients within its walls.

Canadian Hospitals

ANNUAL MEETING OF WELLESLEY HOSPITAL, TORONTO

Salvos of applause from the undergraduates and the staff, who were ranged on the height of the terrace at Wellesley Hospital, announced to the large gathering on the lawn that the graduating class of twenty-two girls was emerging from the hospital. A pretty sight they were, walking demurely, two and two, down the grassy slope to the chairs set for them directly in front of the President and the Board of Governors, Sir William Mulock, K.C.M.G.; Miss Flaws, the Lady Superintendent; Miss Snively, who later presented the purple and white-ribboned diplomas, and was referred to by Sir William as the Florence Nightingale of Canadian nursing; Rev. W. A. Cameron, who said the opening prayer, and Dr. Herbert Bruce, looking as pleased to be in his place as others were to have him there.

Sir William's address, as chairman, touched on the hospital's growth, long applause following his reference to the "splendid service" done by the Lady Superintendent since Wellesley was opened, and congratulated the hospital on the war record of its nurses.

Declaring the nursing profession to be still uncrowded, Miss Flaws in her report noted many things—the difficulty of obtaining lecturers for the students, which had led to the securing of permission for the nurses-in-training to hear medical lectures at the university, "the first step," she said, "towards linking the university and the hospital, and the opening, not only of a preliminary course for girls intending to adopt the nursing profession, but the establishment of a post-graduate course so that Canadian women need not go to another country to obtain degrees."

Touching on the general agitation for an eight-hour day, Miss Flaws declared that the "new status, sex and responsibility" demand for the pupil-nurse "infinitely greater consideration." She paid tribute to the heroic work of the

nurses at home during the influenza epidemic, and briefly mentioned the glorious war record of Wellesley's military nurses, said that "the army nurse had lifted the profession to a new and higher status."

"No profession," concluded Miss Flaws. "offers greater variety, breadth of opportunity and human interest to the educated woman than the profession of a nurse."

Applause greeted Doctor Bruce, who has seen Wellesley grow from its 857 patients in 1912 to the 2,069 of 1918, as he rose to praise the nursing profession, praise that dealt chiefly with the work done in the zone of war by Canada's 1,826 nursing sisters. The doctor spoke not only of their skill, but of their coolness and courage in the horrors of bombing raids, when the Hun sent down incendiary shells to give light that he might come close and train his machine guns on the wounded and on those who ministered to them.

Turning to the matter of the workers in the voluntary aid detachments, Doctor Bruce said it had been reported that he was opposed to the V. A. D. This was absolutely wrong. On the contrary, he had been anxious that Canada should give opportunity to her women to do what British and French women had done.

"In the British medical service 40 per cent. of our hospital work was done by the V. A. D., and without them we could not have carried on. In France 90 per cent. of the work was done by women who had had no nursing experience before the war."

Turning directly to the officers of Wellesley Hospital, the doctor declared that much of its success is due to its Lady Superintendent, who is President of the Canadian Nurses' Association.

Senior year scholarships were awarded as follows:

Sir Edmund Osler, of the value of $50, for general proficiency, Miss Helen McMurty, Senior Division, Galt; Miss Florence Stewart, Junior Division, Kingston.

Herbert A. Bruce Scholarship, value $50, for proficiency in operating-room technique, Miss Winnifred Gooding, Kenora..

Intermediate Year.—Sir John Eaton Scholarship, value $25, for general proficiency, Miss Vera Malone, Senior Division, Hamilton; Miss Reitta Book, Junior Division, Grimsby.

Junior Year.—Sir William Mulock Scholarship, value $25, for general proficiency, Miss Maple Greaves, Senior Division, Barbadoes, B.W.I.; Miss Dorothy Powers, Junior Division, Picton.

The graduating class includes: Belle Marie Clancey, Guelph; Florence I. McGillivary, Toronto; Margaret A. Henderson, Toronto; Winnifred F. Gooding, Kenora; Elizabeth S. Caldwell, Lanark; Helena R. Hamilton, Toronto; Florence A. Stewart, Kingston; Effie E. Ingall, Ottawa; Gladys G. Nash, Morrisburg; Grace M. Davis, Tillsonburg; Jessie Campbell, Arnprior; Jessie P. McCormick, Watford; Victoria M. Marsh, Lindsay; Florence M. Patterson, Port Hope; Rosemond M. Laturney, Kingston; Marion I. Robson, Colborne; Pearl D. Fisher, St. Andrews, Jamaica; Sadie S. Brown, Kingston; Frances E. Clark, Hamilton; Emma S. Maylor, Forest; Daisy B. Lodge, Arnprior; Jessie M. McMurty, Galt.

BARRIE NURSES GRADUATED

The annual graduation exercises of the Royal Victoria Hospital were held on June 24th, when the following nurses received their diplomas: Miss Ethel Macdonald, Hamilton, gold medalist; Miss Jetta McAuley, Orr Lake; Miss Hazel Mayor, Big Bay Point; Miss Lottie Powell, Creemore; Miss Mary Caston, Craighurst, and Miss Ruby Cavell, Owen Sound, who is a cousin of the martyred nurse, Edith Cavell.

GRADUATION OF NURSES AT FERGUS HOSPITAL

The fourteenth annual graduation exercises of the Royal Alexandra Hospital, Fergus, took place in Melville Church, Fergus. The platform was a mass of flowers, there being tier after tier of roses.

Out of a class of about thirty, there were twenty present, eight of whom were in the graduating class, and these, with

the lady superintendent, Miss Hawkins, were on the platform, each carrying a large sheaf of beautiful roses. Dr. A. Groves, the medical superintendent, had been called some sixty miles away, and on account of a terrific storm was unable to be present, the first time he had been absent in the seventeen years since the hospital was opened.

Mr. George Templin, Reeve and President of the Board of Governors, occupied the chair. Rev. Mr. Hannwell, on behalf of the board, addressed the class. Dr. Annie Ross, of MacDonald Hall, Guelph, and a former house surgeon of this institution, also gave a splendid address to the nurses, taking as her subject "Attention."

Medals and diplomas were presented to the graduates: Augusta Rea, Grand Valley; Margaret MacDonald, Allenford; Isabelle MacLellan, Harriston; Clara M. Gekill, Thornbury; Edna L. Gekill, Thornbury; Myrtle Rudolph, Hanover; M. Lucinde Whitmore, Harriston; Barbara C. Knisley, Durham.

After the exercises the nurses held a reception at the hospital, and on the spacious grounds, which were specially lighted for the purpose. The class colors, purple and gold, were everywhere prominent in the decorations.

The annual graduation exercises of the Ontario Hospital, Hamilton, were held on June 12th under most pleasing auspices. There was a large attendance of friends of the institution. Dr. W. M. English, medical superintendent, presided, and vocal numbers were rendered by E. W. Illsey. The addresses of the occasion were delivered by Right Rev. W. R. Clark, Bishop of Niagara; Rev. Canon Hedley and Capt. Birdsall. The nurses' pins were presented by Mrs. English, and the special prizes by Mrs. McNaughton and Mrs. Birdsall. In recognition of her services overseas, a special diploma and pin were presented to Isabella MacMillan. The following were the graduating nurses this year: Helen Bezansen, Olive Bezansen, Mary Brown, Beatrice Russell, Dorothy F. Dockrill, Kathleen Johnston and Helen Turpin. Special prizes for highest standing in class were won by Beatrice Russell and Mrs. Mary Brown, who were equal; highest standing in the year, Margaret Downie (second

year), and Gladys Hillis (first year). Second-year nurses passing all examinations were Margaret Downie, Primrose Currie, Margaret Moffatt, Eva Scholfield. First year: Gladys Hillis (highest in province), Mabel Stoneman, Ida Hillis, Nora Leonard, Mary Wright, Bella Griffin, and Lena Griffin.

Twelve nurses from the training school of the Public General Hospital, Chatham, after a three years' course, received their diplomas and graduation pins, in the presence of many relatives and friends, on June 17th. The graduating exercises were held in St. Andrew's Presbyterian Church, which was filled. The class is the largest in the history of the hospital, and consists of Misses' Bessie Helatt, Comber; Bertha Garbutt, Jeannette Creek; Annie Dewey, Stratford; Amy Coll, Morpeth; Leta Stennet, Morpeth; Susan Gilbert, Dover; Maude Hard, Highgate; Reta Burgess, Chatham; Edith Betts, Ridgetown; Inez Rouch, Chatham; Estelle Liberty, Omaha, and Gladys Luckham, Sarnia. Spencer Stone was chairman. The diplomas were presented by James Innis, and the graduating pins by Mrs. A. A. Hicks, President of the Ladies' Assistant Society.

For the first time since the summer of 1915 the little tots in the Sick Children's Hospital, Toronto, were removed to the Island Hospital for the summer. There were seventy-two stretcher cases and about twenty walking cases. The Medical Department of the military authorities supplied the ambulances for their removal, and the ferry boat *John Hanlan* took them across the bay.

In 1915 the main building of the "home" was partially destroyed by fire, and considerable expenditure has had to be undertaken in order to re-equip it. Several very generous subscriptions have been received for this purpose, among them a cheque from Sir Edmund Osler for $5,000.

Six young ladies received their diplomas at the Welland nurses' graduation exercises on May 26th. They were: Mary Craig, Thorold; Annie Cameron McLaren, Tiverton; Pearl Evelyn Murdoch, Dunnville; Evelyn Hewitt, Caledonia; Olive Corbett, Simcoe; Pauline Fromm, Closter, New Jersey.

At the graduation exercises of nurses of Hotel Dieu Hospital, Kingston, sixteen diplomas were granted, six of them being to nuns of the hospital. Following were graduates: Miss Martin, Ottawa; Miss MacDonald, Lansdowne; Miss Sutherland, Odessa; Miss Logue, Miss Waffer, Miss Gallagher, Kingston; Miss Murphy, Wolfe Island; Miss Letford, Elgin; Miss Koen, Leland; Miss Doyle, Belleville, and Sisters Tierney, Mary Immaculate, Gallagher, Gravelle, Donovan and Breault, of Hotel Dieu. Medal for highest standing, Miss Sutherland; gold medal for good conduct and second highest standing, Miss Logue; silver medals, Miss Waffer and Miss Koen.

Twenty-one students of St. Joseph's Hospital Training School for Nurses have successfully completed their courses and received their diploma at graduation exercises on May 27th.

Following are the graduates: Miss Elizabeth S. Callaghan, Kerwood; Miss Cecelia P. Campbell, Mount Brydges; Miss Helen M. McCarthy, Stratford; Miss Mary M. Fletcher, London; Miss Ruth W. Stevenson, London; Miss Anna G. Boyle, London; Miss Cora H. Thomas, London; Miss Winifred H. Kilgallen, London; Miss Mildred Campbell, London; Miss Marie P. Quirk, Merlin; Miss Nina P. O'Neil, Dorchester; Miss Mary A. Lawson, Wilton Grove; Miss Emma K. O'Neil, Dorchester; Miss Kathleen M. McCarthy, London; Miss Marle K. McLaughlin, London; Miss Elizabeth D. Armishaw, Guelph; Miss Elizabeth M. Wilkinson, Sarnia; Miss Agnes M. Sreenan, Drysdale; Miss Dorothy M. Brophy, St. Catharines; Miss Emma M. Moss, Goderich.

The following physicians have been added to the staff of the Hospital for Sick Children, Toronto, of the Medical Division, of which Dr. Alan Brown has recently been appointed Chief. As attending physicians, Geo. Boyer, C.A.M.C.; as assistant physicians, George Pirie, late resident physician, Great Ormond Street Children's Hospital, London (England), attending pediatrist St. Thomas Hospital, London (England); Edward Morgan, late resident physician Babies' Hospital, New York City (late of the R.A.M.C.); George E. Smith (pediatrist);

Howard Spohn (pediatrist). As clinical assistants: Arthur Goulding (R.A.F. and C.A.M.C.), late of Boston Infants' and Boston Children's Hospitals; Almond Fletcher (C.A.M.C.), (neurologist); J. Gordon Phillips; Ruggles George (C.A.M.C.). As Medical Registrar, Frank Park.

The likelihood of a Provincial Institution for the care and training of the blind was indicated by the Minister of Education recently in the British Columbia Legislature. The whole matter has been under consideration of the Government for some time. It is proposed to have a survey made this year with a view to ascertaining just how many blind children there are who would receive the benefit of such an institution. It was suggested that it would be well to have proper means taken to get into touch with the parents and point out to them the advantages to be derived from the prevailing systems of education for the blind. Many blind children throughout the province are being dealt with and the time is ripe for a proper Provincial institution.

The Provincial Government of Saskatchewan has selected Weyburn as the site for the proposed Mental Hospital, and has appointed Dr. R. M. Mitchell, Speaker of the Legislative Assembly, as Superintendent. Doctor Mitchell has resigned the Speakership and his seat in order to assume his new duties. The cost of the Mental Hospital is estimated at $1,000,000, of which $250,000 was appropriated by the last session of the Legislature. The Hospital will have a capacity of 1,600 beds when completed.

The Hospital Governors of Hamilton, on June 25th, re-christened the hospitals. That on Barton Street will be known as the General Hospital, that on the mountain the Mount Hamilton Hospital, and the Asylum will be called the Ontario Hamilton Hospital. Drs. R. P. Smith and T. C. Clark were appointed to the staff of specialists for children.

A CONFERENCE was arranged for May 15th to enlist the sympathy and support of rural municipalities, towns and villages served by the Saskatoon Hospital. The important matter of providing adequate accommodations to meet the growing demands of the district was the object of the meeting. This was their first endeavor to bring about unity of action on a subject of vital interest to the entire community. Invitations were addressed to the reeves, mayors and overseers of the public bodies which number seventeen rural municipalities, seven towns and seventeen village councils.

THE Winnipeg General Hospital Board is planning a yearly clinic week to which physicians from the entire West will be invited, and which will serve as an exchange of experience and ideas. With it is the proposed formation of an Internes Alumnæ Society to bring former members of the house staff together.

A psychopathic ward where alleged insane persons will be kept under observation and treatment will be opened under the supervision of the General Hospital and Dr. A. T. Mathers, Supervisor of the Psychopathic Department at the Johns Hopkins Hospital, Baltimore, will be in charge.

THE ravages which have been caused by tuberculosis in the Province of Quebec during the past ten years were referred to by the Hon. Walter Mitchell, Provincial Treasurer, in moving the adoption of resolutions confirming the contract between the Provincial and Federal Government for the extension of Ste. Agathe Sanitarium, which will be used for the next five years mainly for soldiers returning from service overseas with tubercular trouble, and afterwards entirely as a civilian sanitarium, maintained by the Province. Mr. Mitchell stated that the Government fully realized that something must be done to put a check on the plague that was destroying over 3,000 victims annually. The Sanitarium at Ste. Agathe was established in 1911 and had treated seven hundred and ninety-five patients since then, having a capacity now of seventy beds, spending

$228,739 which had been voluntarily subscribed for its work. The Governments jointly intend to extend the institution to two hundred and seventy-one beds, of which at least twenty will be for civilians, and a larger number, if the beds are not required for soldiers. The report dealing with statistics points out that the deaths were double the number of those who died from typhoid, measles, scarlet fever and diphtheria put together.

THE medical staff of the Kingston General Hospital has been reorganized, and is now under the direction of Queen's University. The hospital is to be enlarged with $100,000 given by the late Dr. James Douglas, Chancellor of Queen's, as a nucleus, and the Ontario Government, the City of Kingston and the municipalities of the district are to be asked to co-operate. The graduating class this year is the largest in the history of Queen's medical school. A number of the graduates of this last war session are medical students who served overseas in various capacities, but principally with the Queen's Hospital Corps in Egypt and France. The list of successful candidates numbers sixty-three. To L. H. Appleby, Clarendon, has been awarded the Medal of Medicine; and to L. S. Fallis, Millbrook, the Medal in Surgery.

A CAMPAIGN to raise $100,000 to aid the Laval Tuberculosis Hospital has been inaugurated in Quebec. Two large public meetings have been held which were attended by crowded audiences of representative citizens. Among those who addressed the meetings were the Lieutenant-Governor, the Auxiliary Bishop of Quebec, Mgr. Roy, the Premier of Quebec, the President of the Laval Hospital Board of Directors, and others. The object of the campaign was explained by Grand Knight Turgeon, who opened the first meeting in St. Peter's Hall. He told how the directors of the Laval University had come to the Knights of Columbus in their dire need of assistance to pay off the debt of the institution, and help them to carry on this great charitable work in the interests of humanity. He pointed out that the Laval Tuberculosis Hospital was free to all, irrespective of creed or nationality.

THE annual report of the Provincial Hospital of Nova Scotia, recently issued by Dr. J. V. Anglin, medical superintendent, states that the number of cases under care and treatment during the twelve months totalled seven hundred and ninety-four. In addition, the military authorities requested the institution to take in soldiers belonging to the district, who suffered from mental ailments, so that, throughout most of the year, from ten to fifteen such cases had been looked after. Of the one hundred and sixty cases admitted the past year, one hundred and forty were natives of the province; one hundred and forty-eight were Canadians by birth; twenty-seven were of Acadian stock; one hundred were Protestants. Since the hospital was opened for mental patients the total number admitted has been 8,430; men, 4,840, and women, 3,590. Of this total 3,291 cases have left the hospital apparently restored to health, and 2,801 persons have died, the majority after years of residence.

PREMIER HEARST has announced that the Ontario Government will make a grant towards the erection of buildings for the Orillia Hospital for the Feeble-Minded. Besides the completion of other plans this amount includes a building for patients suffering from tuberculosis and other contagious diseases. Fifty thousand dollars has been appropriated by the Government for improvements to the Ontario School for the Deaf. A grant of $150,000 towards the building of a new medical school in connection with Western University, London, has been requested of the Ontario Government by a special deputation.

A DEPUTATION of Vancouver medical men outlined an elaborate scheme of hospital extension before the Burnaby Council lately. The proposition calls for a State Hospital, more especially for infectious diseases, operated under Government control, and fitted with the necessary up-to-date scientific appliances, together with a staff of specialists and trained nurses. This hospital to be utilized free of cost to individual patients, but its operation and maintenance is to be paid for by the Government with assessments or taxation on those districts which would come under the workings of the hospital, or chain of hospitals.

Mr. W. B. Fawcett has made a generous offer to subscribe $10,000 towards the building and maintaining of a public hospital in Sackville in memory of the soldiers of Eastern Westmorland. Five thousand of this amount is payable to the Building Committee, and the balance, payable in five annual instalments, is for its support when in active operation. Mr. Fawcett urges co-operation in the scheme, and believes a considerable number of precious lives would have been saved in the recent epidemic, if a hospital of equal merit with those of Moncton and Amherst could have operated in or near Sackville. This would have been within a thirty or sixty-minute ride of Cape Tormentine, or the remotest point anywhere of the three large parishes of Botsford, Westmorland and Sackville, as well as portions of Dorchester and Shediac.

Controller Cameron gave notice of a motion at the meeting of the Board of Control on June 27th that the City Architect be instructed to prepare plans and estimates for a new reception hospital, and in preparing them to consult with Dr. C. J. Hastings, the Academy of Medicine, Dr. C. K. Clarke, Dr. Campbell Myers, the Provincial Secretary, and other bodies. It also provided that the Property Commissioner should furnish a list of suitable sites.

The British Columbia Hospital Association held its convention at Victoria on July 8th, 9th and 10th, the week following the National Nurses' Association convention, which was held in Vancouver, giving an opportunity to the nurses from all parts towns and seventeen village councils.

St. Andrew's Military Hospital, Toronto, which recently was raised to the standard of a 1,040 bed hospital, will soon be ready for occupation. Good progress has been made with the buildings, which were originally planned with a view to being used as headquarters for the No. 2 District Depot.

Miss Laeta King, assistant superintendent at the General Hospital, Woodstock, has resigned, and Miss Mary Helen McKay, of New York, has been appointed.

THE I.O.D.E. CLUB FOR NURSES IN LONDON

BY MARY MACLEOD MOORE.

I NEVER see in this country the fruits of the unselfish work of the women of Canada without wishing it were possible for all who have helped, even in a small way, to behold with their own eyes, and not through the eyes of others, the pleasure their generosity has been the means of giving.

The Daughters of the Empire are many, and widely scattered over Canada, so I fear it is impossible that they should all see for themselves what they have done in England, as, for example, equipping one of the King George and Queen Mary Maple Leaf Clubs, and making comfortable thousands of Canadian soldiers by the generous contributions sent through their chapters for the work of the Canadian War Contingent Association. Last, but not least, there is a work they have done for the Canadian Nursing Sisters, whom they have provided with a beautiful and comfortable club of their own, the I.O.D.E. Club for Canadian Nurses, at 95 Lancaster Gate, W. The house itself was a strong link with Canada, for it is the town residence of the Countess of Minto, who is on the Advisory Committee of the Club, and takes the keenest interest in its welfare.

At present, while demobolization is going on rapidly, the Club is proving its usefulness to a greater extent than ever before. London is crowded, and a crowded London, I can assure you, is a terrifying place to arrive in if you don't know where to go. There are many people enduring—not enjoying—this experience at present, as the men of all the Armies pour into London, demanding rooms, and the nurses and other women workers gravitate here on business or on leave.

One hears tales of the men who were glad to sleep on billiard tables, and the V.A.D.'s coming unexpectedly on leave who would have been houseless but for the kindly care of a thoughtful commandant. The Canadian Nurses who can get a bed in their own Club are, therefore, thanking their stars—and the I.O.D.E.

The Club, in the spacious uncrowded days, was supposed

to hold about thirty-five. But this is no time to stand upon the order of one's going or coming or dressing. It has been expanded miraculously to accommodate sixty at one time; some beds, supplied by the Canadian Red Cross, had to be placed in the big drawing-room, where receptions and dances have been held.

It was a Sister with a sensational mind, evidently, who said to the Lady Superintendent, Mrs. Harold Pinhey, of Ottawa, as she surveyed the dormitory-drawing-room:

"Suppose some of the girls arrived to ask if they could have a dance here to-night?"

The Club is a lively place to visit, for there is a cheerful bustle of coming and going. Many of the nurses are arriving from France and from various parts of England, all excitement at going home. Some of them have been years away and must have many tales to tell of their adventures, to which the people at home will listen entranced. The hall is full of luggage, and all the rooms are full of the owners of luggage. Parcels are arriving and the telephone rings with some cheerful message, visitors call to say Hail and Farewell simultaneously, and somehow you feel especially conscious that the war is over, and the nurses are rejoicing that they have a right to be gay and cheerful again.

This Club was started at the suggestion of Miss Macdonald, Matron-in-Chief, with Lady Perley as Chief Organizer, and Chairman of the Committee of Management. Lady McLaren Brown is the Honorary Secretary and Mrs. J. G. Ross is Honorary Treasurer. The other ladies on the committee are: Miss Boulter and Mrs. Harold Pinhey, Lady Superintendent, who succeeded Mrs. Danby Smith, the first lady to hold that office.

In addition to the Committee of Management, there is an Advisory Committee, the members of which are: Lady Minto, Lady Beaverbrook, Lady Turner, Lady Drummond, Mrs. Donald Armour, Mrs. Charles Cambie, Mrs. G. C. Cassels, Mrs. G. L. Foser, Mrs. Melville Gooderham, Mrs. Hodgins, Mrs. D. M. Hogarth, Mrs. Charles Henshaw, Mrs. Haydn Horsey, Miss Macdonald (Matron-in-Chief), Mrs. P. E. Thacker and Mrs. Witley.

The Club, which was opened by H.R.H. Princess Patricia

in March, 1918, has been used by over 1,700 Canadian Sisters, who pay a certain sum for board and lodging—a sum of very moderate size considering how the cost of living soars in these days. The Sisters have in their own Club a pleasant place in which to entertain their friends, and little parties and small informal dances are held from time to time. The rooms are large and lofty and as charmingly furnished as would be expected from a cicerone with Lady Minto's taste. On the walls hang some good pictures, including family portraits, and in the bright dining-room, with its great bow windows, there is a painting of Lord Minto which recalls old times to many Canadians who remember him as Governor-General.

The exterior of the house is also very handsome, and it is not the least of its advantages in the eyes of the nurses that the neighborhood is convenient for buses and tubes and for that harmless necessary shopping which is the mingled joy and despair of all who are leaving for Canada at rather short notice.

It was suitable that the Daughters of the Empire should consider the Empire's daughters as well as her sons, and in providing this Club for the Canadian Sisters they have added to the long list of generous and patriotic deeds with which their name is associated.

CANADIAN NURSE WINS DISTINCTION

It is a matter of interest to Canadian women that the dean of the nursing profession in the United States, and, indeed, the first nurse to occupy a chair on a University staff, is a native of the Province of Quebec and a graduate of Montreal and Ottawa schools.

Miss Mary Adelaide Nutting is recognized as an international authority in her profession, and for intellectual leadership and practical ability it would be hard to find her equal, not only in the nursing world, but in any branch of women's work to-day.

She was born in Waterloo, Quebec, of United Empire Loyalist stock. After being educated in Canadian schools and specializing for some time in music, she entered the Johns

Hopkins Training School, Baltimore, Maryland, in 1891. Indeed, she was a member of the first class to graduate from that school. In 1894 she became superintendent of nurses, and in the thirteen years of her service there, the Johns Hopkins Training School for Nurses became the leading centre of nursing education on the continent.

It was Miss Nutting who first introduced the preparatory course into American Nursing Schools, thus providing a sounder scientific preparation for the pupil nurse before she is plunged into the work of the hospital wards. Finally, three years ago, she introduced the eight-hour day for pupils in training, a measure which she has always urged as being absolutely essential. These and other reforms in nursing were first initiated under Miss Nutting's leadership in the Johns Hopkins Hospital, and from this school went forth a steady stream of highly trained Canadian and American women to carry her teachings into the hospitals of both countries.

She was among the few far-sighted and indomitable leaders who formed the first nursing organization in the United States, having been particularly active in the organization of the Society of Superintendents of Training Schools—now the League of Nursing Education, a body of nursing educators which is responsible for practically every advanced step taken in the United States in the training of nurses. For many years this organization represented the most progressive nursing leaders of Canada as well as the United States, and it still includes a large proportion of Canadian nurses in its membership. Miss Nutting was also active in the organization of the International Council of Nurses. She has served as president of that organization and is recognized in all countries where nursing is known as one of the wisest and most progressive of all leaders.

One of the greatest contributions to the education of nurses in recent years has been the work done at Teachers' College, Columbia University. Miss Nutting was one of the committee of three who originated the idea of training teachers and organizers for hospital work, who thought out the plans, and finally, in 1900, established the course in Hospital Economy, which has since developed into the Department of Nursing and

Health, Teachers' College, Columbia University. For many years Miss Nutting came from Baltimore to lecture to the students in this course, and finally, in 1907, was appointed to the position of Professor of Institutional Administration, being the first nurse to occupy a chair on a university staff.

It is due to her wise leadership and her vigorous personality that this work has grown in eleven years from a small division with a dozen or more students to two flourishing departments—Nursing and Health and Household Administration—each enrolling about a hundred students a year. With the separate endowment of the Department of Nursing and Health, the work took on broader aspects, including the special training not only of instructors and superintendents of training schools, but of public health nurses, for the fields of visiting nurses, school nursing, infant welfare work, tuberculosis work, industrial nursing, hospital social service, etc. A considerable number of Canadian nurses and several from Great Britain have taken special training in this department at Teachers' College and have carried back to their home hospitals and public health organizations the influence of Miss Nutting's personality and her high standards of nursing service. Indeed, so far as nursing is concerned, there never has been any international boundary between Canada and the United States. Miss Nutting represents a great army of Canadian nurses who, while they have spent a good part of their working life in the United States, still keep in touch with Canada, and who still remain loyal Canadian citizens, always ready to help in every possible way in building up common institutions and always eager to share whatever knowledge, experience or opportunities they may have gained. In the nursing profession Miss Nutting occupies much the same position that Dr. Osler, her old friend and co-worker of Johns Hopkins days, occupies in the medical profession. She belongs to both countries and so forms one of the many powerful links binding one to the other.

It has been Miss Nutting's privilege to be a leader and pioneer not only in the hospital training of nurses but in the field of University Educaton. As a result of her pioneer work in Teachers' College, nurses have been admitted to other

colleges and universities, and a number of different types of courses in nursing are now being given under University auspices. In practically every new development of this work, Miss Nutting has been the main authority and adviser. She has also been the moving force in working forward the separate endowment of nursing schools, and the establishment of these schools on sounder educational and economic bases. The old students of several prominent nursing schools, among them the Johns Hopkins Alumnæ, are now pledging themselves to carry forward this plan for an independent endowment, without which it is impossible to proceed very far in nursing education.

Miss Nutting has been a leader in many branches of civic and social activity, as well as in the nursing profession. A few years ago she was appointed by the Governor of New York to the Public Health Commission of that State. She has been an honored member of numerous national committees dealing with social, public health and educational problems. On the entrance of the United States into the war in 1917, President Wilson appointed her chairman of the Committee on Nursing of the General Medical Committee of the Council of National Defence. This committee did notable work in organizing the nursing profession for war service; in bringing in a large body of pupil nurses to supplement existing forces; in strengthening the educational work; in relieving the pressure on hospital training schools, and in many other ways supplying the necessary intelligence and foresight which helped to avert serious complications in the nursing situation both at home and abroad.

In recognition of this service, the American Social Sciences Association recently awarded Miss Nutting the Liberty Service Medal of the Council of the National Institute of Social Sciences, which is given for notable humanitarian or patriotic services for national welfare.

Miss Nutting is joint author with Miss Dock of the "History of Nursing" (four volumes), and has written a pamphlet on the "Educational Status of Nurses," which is published by the Bureau of Education in Washington. Besides this, she has contributed a great many valuable papers and articles on subjects relative to nursing.

OF INTEREST TO CRUTCH USERS

An improved crutch of unusual merit, recently patented, will bring much comfort and satisfaction to the increasing army of crutch users. It is a well-known fact that the general design and finish of crutches has remained dormant for the past fifty years. The majority of those on sale, and seen daily on the streets, have received no more thought or attention as to construction and requirements, than such articles as step-ladders and ironing-boards. Crutches with crudely and imperfectly formed arm rests, wrongly located hand-piece and too rigid construction, are a constant discomfort to the unfortunate user. The improved crutch referred to, has a specially designed arm-piece devoid of angles, the entire surface being rounded and finished in special enamel or celluloid, which prevents friction and wear of clothing, also chafing of the body. In the underside are circular-bored openings containing invisible compression springs suited to the weight of the user; these openings also receive the ends of the crutch staffs, which are slidable against the springs, the combination acting as a cushion or shock absorber. The arm piece, being entirely independent of the crutch uprghts, adjusts itself to the various positions necessasry in sustaining the body. If the crutch is placed forward the front spring receives the principal weight and is compressed, as the body is carried forward, the weight being transferred to the rear springs, a rocking or cushion effect is the result. The curved surface of the arm-piece does not change its form through pressure of the body, which would be the case if it were padded or upholstered, a condition found mosts objectionable an account of its constant change of surface, which causes heating and chafing. A metal strap attached to the arm-piece connects with the staffs, retaining the parts in moveable relation. The crutch proper is made from selected close-grained woods, and highly finished. The construction, being light and strong, permits the crutch to yield and adapt itself to the various positions of the swaying body when walking. The proper distance from arm to hand-piece, also correct length of crutch, is readily secured by reducing the ferrule and upper ends of the staffs to meet the required measure. Exhaustive tests have proved the great comfort, merit and durability of this timely improvement.

Book Reviews

Psychological Principles. By JAMES WARD, Professor of Mental Philosophy, Cambridge. Cambridge: At the University Press. New York: G. P. Putnam's Sons. 1919.

Unfortunately few medical men are taught psychology—a serious omission in their training. To make up for this lack they would do well to secure a volume of Ward, the plan of whose book was laid down over forty years ago. The study of this subject is not easy and its presentation difficult. But the author of this work has presented his matter with rather more lucidity than most writers on the subject, in so far as we have been able to note. The matter is treated subjectively, there being no effort at laboratory exposition, the author holding that all attempts to treat of human experience as merely the culmination of a long but entirely objective development, have been so far marked by serious defects. We commend this book to our readers.

The School Nurse. A Survey of the Duties and Responsibilities of the Nurse in the Maintenance of Health and Physical Perfection and the Prevention of Disease among School Children. By LINA ROGERS STRUTHERS, R.N., Graduate of Hospital for Sick Children, Toronto, Canada; Post-Graduate of the Royal Victoria Hospital, Montreal, Canada; Superintendent of School Nurses, New York City, 1902-1908; Superintendent of School Nurses, Toronto, Canada, 1910-1913; Chairman of School Nursing Committee of the National Organization of Public Health Nursing, 1913-1916. With 24 illustrations. G. P. Putnam's Sons, New York.

Mrs. Struthers is to be complimented on this book. It is dedicated to John Ross Robertson the Good, who is now with

the angel children in the better world. We recommend this volume to the numerous nurses and doctors on the American continent who are following in the footsteps of Lina Rogers. We trust not all of them will "submerge" themselves by capturing their superior officers. We must congratulate Dr. Struthers, the captor. Men usually do so much better on the hunt than women.

Diet Lists of the Presbyterian Hospital, New York City. Compiled, with notes, by Herbert S. Carter, M.D., Associate Visiting Physician to the Presbyterian Hospital, Associate in Clinical Medicine at Columbia University, Consulting Physician to the Lincoln Hospital, New York City, etc. 12mo. of 165 pages. Philadelphia and London: W. B. Saunders Company. 1919. Cloth, $1.25 net. Canadian agents: The J. F. Hartz Co., Ltd., Toronto.

Greater interest is being shown every day on the question of diet in disease. Up-to-date practitioners are now prescribing a definite diet to most of their patients. This little volume will be a useful guide to such practitioners, as well as to dietitians in hospitals. Here are given Geyelin's diabetic diets, Atchley's salt-poor diets, Lambert's diet after gastro-enterostomy, Whipple's gastric-tolerance diet, Lockwood's modification of the Von Lente diet, and Coleman's modified milk typhoid diets. Lists of Janeway and Greenway will also be found to be of great value.

The Road to a Healthy Old Age. By T. Bodley Scott, M.R.C.S.Eng. London: T. Fisher Unwin, Ltd., Adelphi Terrace.

This is not so pretentious a volume as Lorand's, but dwells in its earlier half on the influence of morality and godliness upon longevity, a point scarcely noticed by Lorand. Scott says the deplorable wastage of health, of happiness and of time that goes on all through life, but especially, perhaps, in old age, makes a sad contemplation. The book shows that the tragedy

of premature mental decay is as preventable as that of premature death. The author holds that a man is as old as he thinks, not as he feels or as his arteries; and that the unnecessary shortening of life at the back end is a serious loss to the nation; that the wisdom of age is an asset of incalculable value. Chapters on the value of food, premature senility, bronchitis and asthma will be useful to practitioners who deal with aged patients. The volume, too, may be read with profit by the laity.

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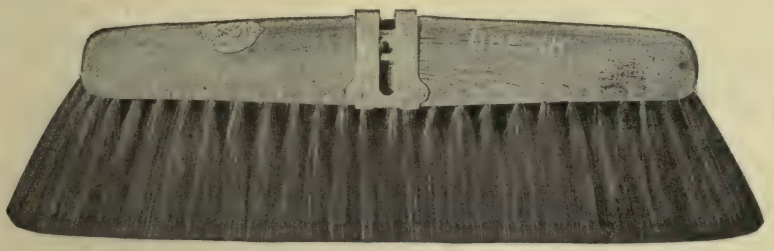
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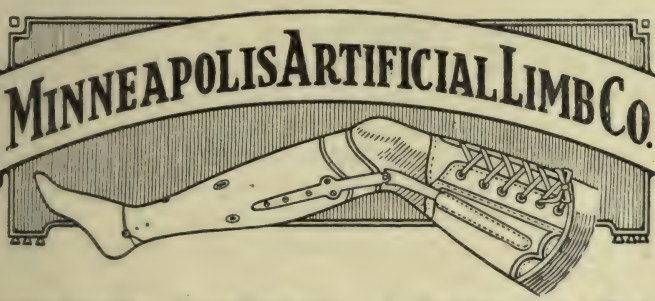
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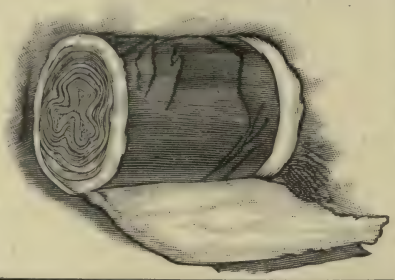
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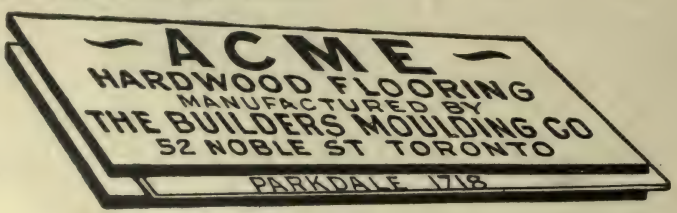
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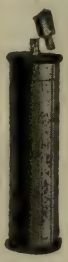
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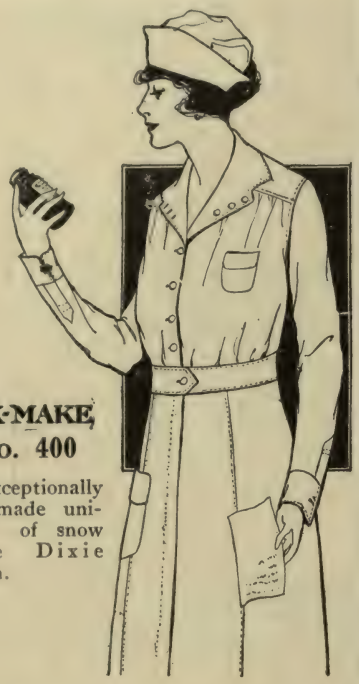
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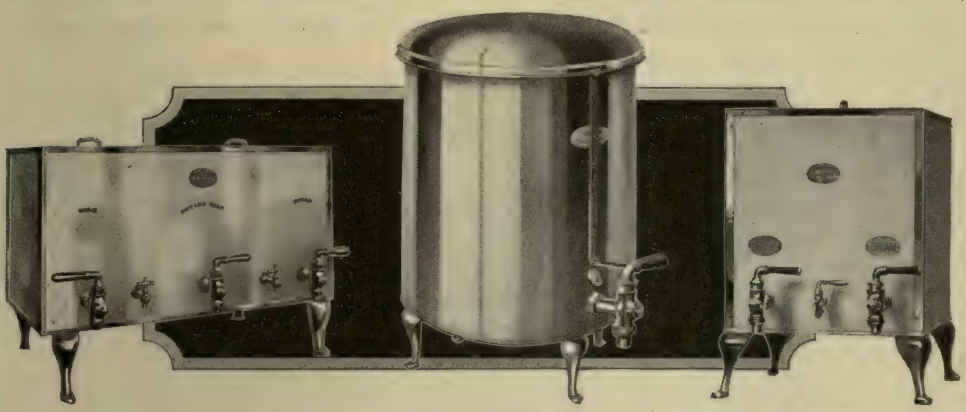
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They offer an equal and sanitary distribution of butter-fats in the milk, a most important requirement. The patented floating tube draws cream from the top and milk from the bottom in its correct proportion, thus eliminating all mixing or stirring with consequent dangers of curdling and contamination.

They offer an even cool temperature in the contents through heavy insulation. Or by using the detachable ice chamber the contents can be maintained ice cold if desired.

Because of these features, and by the use of them, they offer you economy in time, in labor, and in waste.

Lyons Sanitary Urns come in many sizes and designs for as many needs.

Above, in the center, is shown the single compartment urn with locking device so that only the proper authorities who hold the key can distribute the contents.

Above, on the left, is the three-compartment urn, arranged in this instance for milk, buttermilk, and cream, but adaptable also for any iced drink such as coffee, tea, etc.

On the right is the two-compartment urn, similar in construction to the three-compartment urn.

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THE HOSPITAL WORLD

Vol. XVI Toronto, September, 1919 No. 3

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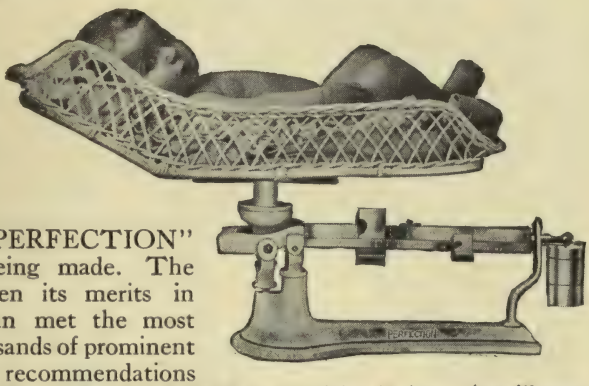
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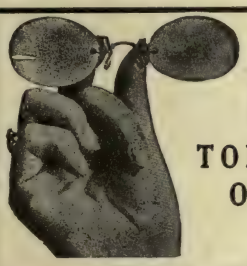


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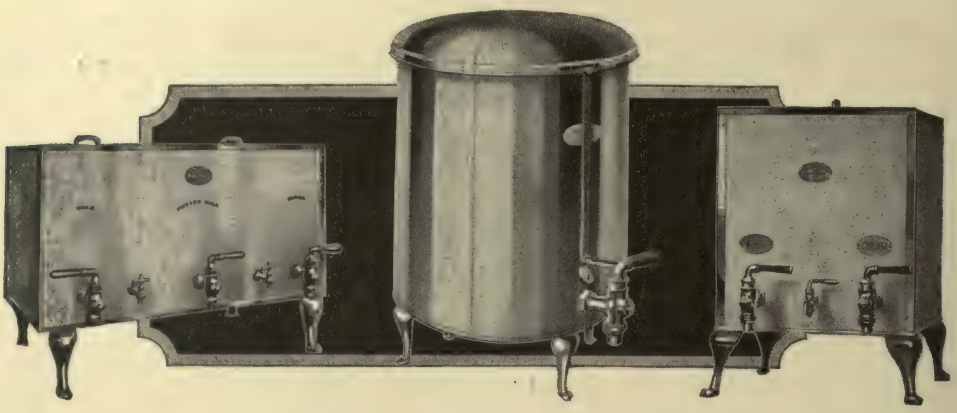
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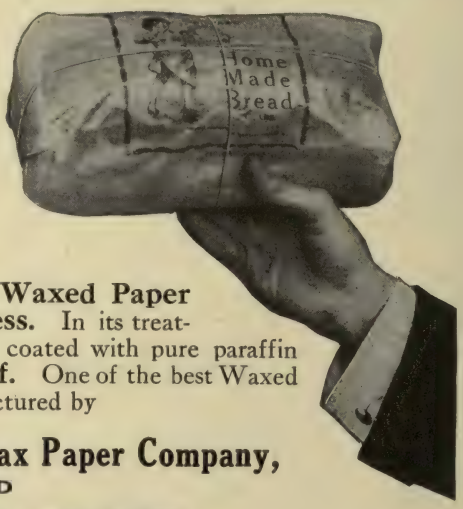
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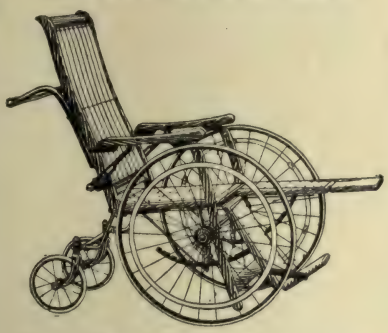
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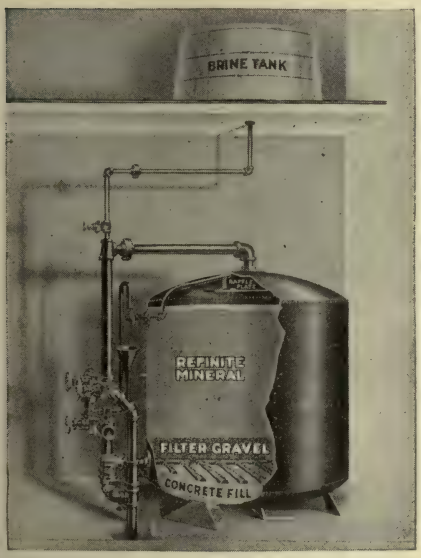
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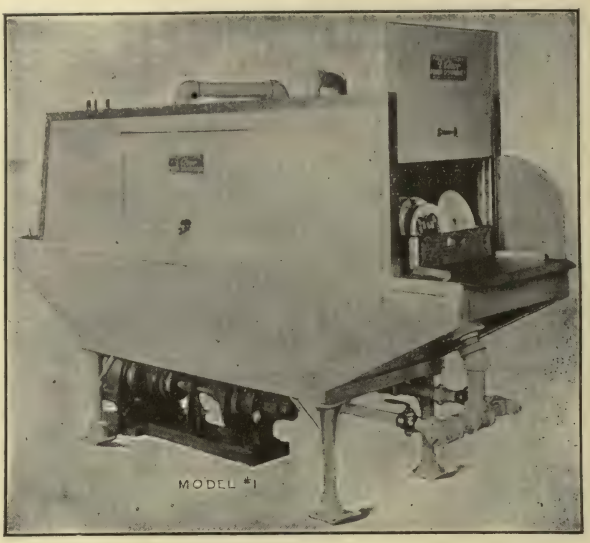
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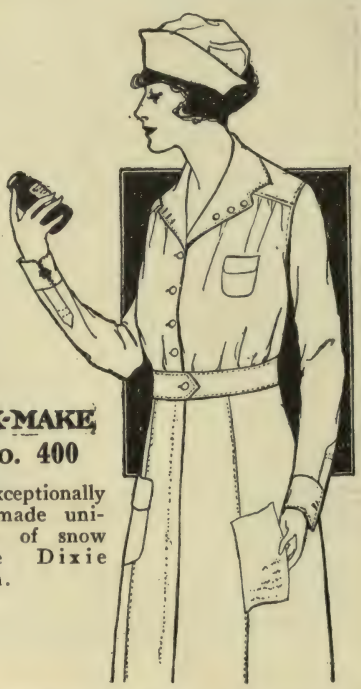
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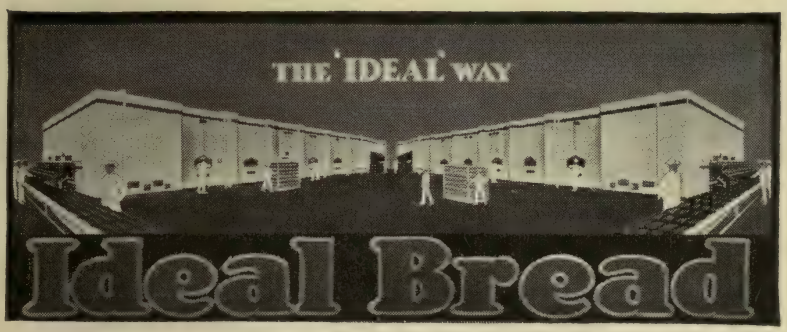


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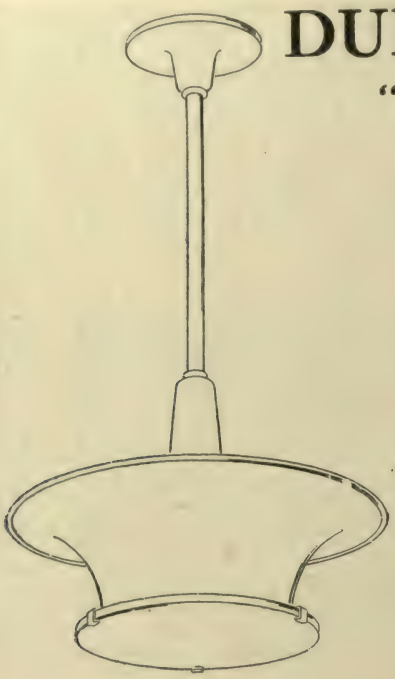
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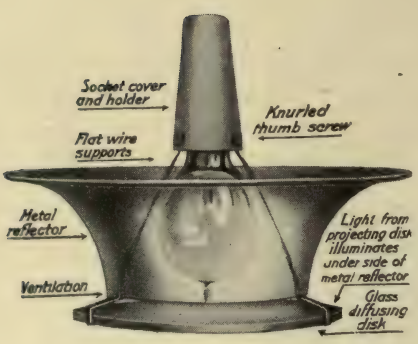
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The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums, and Public Charitable Institutions throughout the British Empire.

Vol. XVI. TORONTO, SEPTEMBER, 1919 No. 3

Editorials

EDITORIAL EXPANSION

WITH this issue we enlarge our Editorial Staff. They are all busy people, but it's usually the busiest people who find time to do something else. This journal is honored in having secured the permission of those named on the Editorial page to assist in the journal's work.

Dr. Charles J. Hastings has placed Toronto on the public health map. His work (and that of his collaborators) on milk and on Child Welfare alone places him in the forefront of the ranks in preventive medicine. To Dr. N. A. Powell is due the foundation, construction, equipment and surgical charge of one of the most perfect emergency hospitals on the continent. His work in connection with the establishment of the Muskoka Sanitaria, and his knowledge of Medical Jurisprudence make him a valued editor. His literary ability—the Canadian Holmes

—Oliver Wendell (not Sherlock, of course)—makes him additionally useful to this young periodical.

Of Dr. Bryce and his splendid foundation work in connection with Provincial and Federal public health matters, nothing but praise must be said. In centuries to come his contributions to public health matters will eagerly be sought in our old Blue books. He has established several hospitals, too, which, for emigrants, are models of their sort. Dr. Herbert A. Bruce has had the distinction of erecting the finest private hospital in Canada, and, so far as we have seen, there is nothing so good even in the motherland. His eminence as a surgeon need not be mentioned; but his work as a consultant in the great military hospitals of the British armies in France makes him also a most valued collaborator.

In the inner circle of workers in tuberculosis no one (we think) is more highly esteemed than Dr. J. H. Holbrook, an unassuming man, who has made a big success of the sanitarium on the Mountain of the "Pittsburg of Canada." Dr. Charles K. Clarke, having occupied the posts of medical superintendent both of the Ontario Hospital and of the Toronto General Hospital makes him a particular star in our editorial galaxy. And of Dr. Helen MacMurchy—the name is sufficient. Without a speck of flattery Dr. MacMurchy is in a class by herself as a philanthropic worker, speaker and writer.

Dr. J. W. S. McCullough, Provincial Medical Health Officer, found his *metier* when he came to

Toronto, and has made a fine success of his work. One only needs to come in touch with his organization to see what a live body it is and to read his reports to see what is being accomplished in public health matters in Ontario.

Dr. H. A. Boyce has served as superintendent in the Kingston General Hospital and Secretary of the American Hospital Association—full of energy and enthusiasm. He is now in active medical practice and specializes in radiography.

Dr. George D. Porter, M.D., is Secretary of the Canadian Tuberculosis Association, which is and will be a monument to him. Dr. Porter is travelled, cultured, and cosmopolitan—full of enthusiasm, well-posted on his subject and communicative. We are expecting special support from him.

Dr. Murray Flock took hold of the Essex County Sanitarium in its infancy. Under his management it has grown rapidly. His results on the humid shores of Lake Erie have compared more than favorably with those whose sanitaria are in higher and drier altitudes. Dr. Flock is full of ideas and practical withal. Essex County will be heard from.

Dr. Clarence Hincks is the son of Rev. Dr. Wm. H. Hincks and the son of his mother. Those who know these two clever people are not surprised that young Doctor Hincks is the Secretary and dynamo of the new Canadian National Committee of Mental Hygiene. Dr. Hincks has inherited the gift of sane thought and clear expression. We are expecting much from him.

H. E. Webster, as a young Englishman, came to Canada and commenced, in a very minor position, to work in the Royal Victoria Hospital—that magnificent pile of buildings on beautiful Mount Royal. Whether it was the influence of the mountain, or the sparkling St. Lawrence flowing to the sea, the association with such men as Shepard, Bell, and Armstrong, or that bright French-Canadian girl who won his affections and is now his better half, that brought him to the eminent position he now holds as superintendent of the big place, we trow not. Mr. Webster is also on the editorial staff of *The Modern Hospital*, but we claim, on patriotic grounds, the first fruits of his long and varied experience in hospital management.

Having now dealt with the distinguished coterie of collaborators resident in Ontario, we are obliged to reserve for future comment our equally distinguished workers from other portions of Canada.

We earnestly hope that all our editors will assist us in providing material for this Journal which will be creditable to all concerned and make for the advancement of the interests of hospitals of all kinds throughout our wide Dominion.

HOUSING

No one knows better than members of the medical profession how urgent is the need for housing reform. Confronted with disease in dirty, overcrowded, unsanitary dwellings, treatment becomes a

serious problem, particularly where the cause of the trouble is due, as often is, to these untoward conditions under which the other half live.

In the fair, Godly, City of Toronto, thousands of her citizens are living in houses unfit for dogs—filthy, wretched, tumble-down places. These are the homes of many of our alien population who are all too slowly becoming Canadians, clinging to their old habits and vices. A cleaning up is absolutely necessary. These old excuses for homes ought to be torn down or burnt, and their occupants moved to suburban locations—detached houses with gardens, on lines of quick transportation with the city proper. To this end the authorities ought to enable (1) these unfortunate citizens to obtain land cheaply; (2) assist them in building modest but substantial, sanitary and (if possible) artistic homes, and (3) provide them with cheap and quick ingress to, and egress from, the city where they are employed.

To this end the Government should tax the capitalists. An occasional member of this class, through natural generosity or the prickings of conscience, voluntarily gives to projects for the needy, but the rank and file of them do not give and will not give to these worthy objects. It is high time they all were made to. It behooves the Government, as well, to lower, if not cancel, the customs taxes on the more common necessities of life, so that the laboring folk may have more money to apply to establishing homes for themselves.

The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums and Public Charitable Institutions throughout the British Empire

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Original Contribution

A HUMAN DOCUMENT

A Hospital Experience from a Patient's Standpoint.

BY PHOEBE DODY.

My readers may remember my communicating to them a few amusing incidents in connection with a large hospital. I being a patient there for some time, and an occupant of a semi-private ward, had ample time to criticize my neighbors on the other side of the room. There were many changes while I remained. It so happened that nearly all nervous patients were sent in at different times, though I really could not see what they came in for. Two of them—fine, big, rosy-faced women; I thought likely it was their tempers. They could not control themselves, judging by their very extraordinary antics. One insisted on keeping our ward door quite closed at night. I objected, because I had never since a child been used to closed doors. Well, I did feel like fighting for it, but feeling too weak to bother, and thinking "discretion the best part of valor," decided to bide my time. Not long after this—our door closed as usual—I was wakened about two in the morning, feeling unusually warm. I sat up to investigate. I looked up at the windows and saw that they were all closed. My bed was close against a coil of steam pipes, and could not have registered less than eighty degrees. I rang my bell violently. After a while nurse came in. "What is the matter? Why all this noise?" she said. Nevertheless, she flung everything open, and I was glad of fresh air and to feel cool again. I did not consider my amiable friend kind to the little nurse who so patiently waited on her, as she ordered the nurse about—to dress her and do such trifles as she was quite able to do for herself. At last nurse could stand it no longer, and complained to the lady superintendent. After a while the latter came in to hold an interview with the patient, talking to her for some

time. Finally she said, in her quiet, decided way, "Oh! now I see that you are not comfortable and not happy," and left the room. In the afternoon the *nervous* patient was sent for and taken away. Be sure I was not sorry. Yet, another I had —not able to leave her bed; but the number of relations and friends that were allowed to visit her every day was to me alarming. I dropped asleep one Sunday afternoon. On waking, what was my surprise to find a bright light swinging overhead, and no less than nine people sitting about the room.

It was then close on ten o'clock, when suddenly they all got up and went out together. Then the night nurse came in. "Oh, nurse," I said, "I want a drink so badly; I am so glad those people are gone. Is it usual to have nine visitors in a ward at one time?" "No," she answered, "we did not know there were so many." Next day being Civic Holiday, the door was closed with the usual card, "No visitors"—rather hard on poor innocent me. A day or two later this patient went under an operation and was taken into a private ward.

The next was a Russian woman. She had nerves, too. She was a fine looking woman, with heavy, brown hair and dark brown eyes, very pleasant and amusing at times. She had only been in this country seven years. Still with the fear of the "old land" yet on her mind, she behaved most obediently; gave the nurses no trouble; so they gave her good attention. She was very restless, and would rise early and make her own bed, something she was not obliged to do. Nurse would advise her to stay there and rest, but she would wave her hand, saying over and over, "Don't want it—don't want it —no, no." Nurse would say, "Never mind, then." I asked her what her trouble was. "Don't know—everything," she answered. Then she would walk up and down the room, and look out of the window for a long time. She was taken down the elevator four times for X-ray treatment, once a day. She seemed to grow very tired and more restless, but nothing was done for her that I could see. She was in for one week when her husband, a fruit dealer, with not much time to spare from his business, took her away very late on Saturday evening.

By this time I began to feel that I also had *nerves,* so I asked the superintendent if I could have a change of room-

mates. She smiled and said she would try and arrange it. So, on Monday morning a young girl from the country was sent in for a minor operation. She was not very sick. She proved to be a nice girl and a very pleasant companion. She left at the end of the week, and I was alone for one day only. Then the superintendent came in and said, "We are going to send up an elderly lady from the floor below; she will not be here long, as she had been one month downstairs for an operation, and is now better. When I mentioned your name she was pleased, and said, 'Yes, I'll go up there. Why, her family lived in the same county town as myself.'" So she came in with a pleasant face and white hair. I did not know her at first, but later I remembered that she was a member of one of the older families of our town. I could see that she was nervous and tired, so she laid down to rest and I took care not to disturb her by talking. Next morning she was much brighter, and then we did talk about everything and everybody in the old town. She left at the end of the week, her daughters coming for her. I was sorry to lose so congenial a companion; and more, because next day the whole hospital was closed to all visitors to assist in warding off the terrible "flu." sickness.

My last neighbor, sent in for an operation, was quite a young woman and very beautiful, I thought. I did not know her complaint. She did not tell me, but seemed confident that she would be well very soon. Her doctor was most attentive in seeing her—every day. She never tried to sit up, yet she was talkative and fond of fun. Then I noticed her doctor come in one morning and look at her, then walk over to the window in a very thoughtful mood. Time went on, when I had a pleasant surprise. I was to go home that afternoon, and glad I was after seven weeks.

I got ready with all speed, my friend, wishing me good-bye, said—"I'll ask nurse to transfer me to your side of the room—two windows, more light and air." I said "Do it soon, then, before another patient comes in." I was soon on my way out. She then wished me good-bye again, and looked sad, as she would be alone and no visitors allowed. I was beginning to feel settled and so glad to be home when, on looking over

the morning paper, I saw that my friend had passed away three days after I left. I read the notice over and over again. "Can it be true?" I enquired. It seemed to me unthinkable. No wonder I was hurried out. We are not told everything, and it's as well sometimes that we do not know.

MORE HOSPITAL BUILDINGS

Tenders for the construction of five additional buildings at the new Ontario Military Psychiatric Hospital, south of London, are being called for as a result of a visit made yesterday by Chief Architect Wright of the Department of Public Works, Ottawa. The buildings will cost $150,000. Two will be for recreation purposes, one for an isolation ward, one for tuberculosis patients, and one for the Vocational Re-education Branch.

THE Department of Civil Re-establishment has decided to utilize the Westminster Soldiers' Convalescent Hospital, at London, exclusively for mental cases. It will accommodate three hundred and fifty patients. Patients now located at the Newmarket Mental Hospital will be transferred to London. Neurological and shell-shock cases will be treated, as formerly, in general hospitals. A new sanitarium for tubercular patients is to be built at Woodbridge at a cost of $320,000.

Selected Articles

THE FUNCTIONS OF A PSYCHOPATHIC HOSPITAL

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If one should fare forth into the world, like Charles Dickens, to determine the state of civilization by the technique of looking into all manner of institutions for the care of dependents, delinquents and defectives, one would discover in various parts of the world, e.g., America, spots of great enlightenment in the midst of a rather general greyness or obscurity. Nothing is more encouraging, should we limit our attention to a few foci in the American world, than the situation with respect to the mental group of defectives. The theory of professional institutions has yet to be written; but amongst professional institutions probably none exceed in idealism of plan and skill of management, facing the uttermost extremes of difficulty, institutions for the insane and allied groups.

In an extensive research we would find perhaps nine kinds of institutions for—I was about to say the *insanity group,* when I recollected myself and instead wrote down—the *mental hygiene group* of wards and patients.

We should find (1) institutions of what used to be called the *nursing asylum* sort, run on the plane of economy and on an easy, almshouse-like basis—institutions not unlike those which the first decades of the nineteenth century set up in place of the terrors of the time before Pinell, Conolly and the rest. However, we should find that most of these nursing asylums would disdain the name and would regard themselves as a kind of mental hospital for cases transferred from more active institutions.

Next we should find (2) institutions of the *district,* state or provincial *hospital* type such as were first constructed in numbers

in the thirties of the nineteenth century and which still remain as the *sine qua non* and (unfortunately) the end and aim and final accomplishment of many states and provinces. Of course, the idea of cure exists, at least in theory, in these district hospitals, yet for the most part they receive committed or certified cases of what we might term "judge-made" insanity, since not the medical profession alone but the judge of probate (or his equivalent) has the actual decision in his mind and hand concerning the institutional fate of these patients. The majority of them eventually die in the district institutions or return thence after various periods of extramural life.

The picture should not be painted too black as several (or shall we say many?) of these district institutions contain modern laboratories for diagnostic and therapeutic work, proper occupational therapy, and staff members who are stimulated by teaching internes and students, and the like. The *receiving wards* of these district hospitals are sometimes adapted to demands upon the highest level; and their differentiated per capita (that is, if budgets were so constructed that one could tell in detail how much these receiving wards comparatively cost) would make a very respectable showing alongside the per capita cost of good general hospitals. In short, there is evidently a striving on the part of district institutions to keep up with the times and treat their insane wards upon the best medical lines.

Pari passu with these idealized receiving ward developments, one finds that more and more patients resort to these district hospitals under the *voluntary relation* (for by this time in communities of so high a degree of civilization, the laws governing the resort of voluntary patients to the state institutions have become revamped and liberalized, perhaps even so devised as to permit indigent persons to put themselves voluntarily under the charge of the state—a potentiality which causes unwarranted theoretical fear on the part of certain guardians of the state purse, lest an impoverished crowd of shiftless persons be saddled on the state).

Nevertheless, concerning these district institutions, except in a very few regions, it cannot be said that the up-striving in mental hygiene is thoroughly successful.

But (3) we find that some of the district institutions develop

out-patient departments for mental cases. Massachusetts and New York have accomplished much by this plan, largely because the mental hygiene level of these states (to mention for the moment no others) is high enough so that the citizens, the social workers and the patients themselves are more or less willing that the "nervousness" and "nervous prostration" and "nervous breakdown" problems shall be given, at least in part, to state officials. These out-patient departments, although now and then more closely connected, are for the most part (and this is as it should be) very loosely connected with the state institutions from which they are off-shoots. Nor do these off-shoot out-patient departments differ in any great degree from similar out-patient departments developed in connection with general hospitals as portions of their dispensary work. Aside from a certain superficiality which generally affects these out-patient departments and from their general lack of proper social service and availability of routine psychological testing the out-patient departments may be regarded as one of the most fortunate developments in mental hygiene.

(4) Closely allied with the above-mentioned out-patient departments, will be found sundry so-called *psychopathic laboratories* or similar agencies developed in connection with the public service of courts, schools and the like. Such is the recent popularity (if I may allow myself the word) of feeblemindedness and the remarkable extension of the hypothesis that crime can largely be explained thereby, that these new units are often fain to promise too much. The psychopathic laboratories are greatly to be commended, despite the fact that most extraordinary stories transpire from some of them concerning the rapidity of diagnosis by their chiefs—beside which the exploits of Sherlock Holmes with his investigations of cigar ash pale into obscurity.

(5) So far we have enumerated institutions which are either paid for out of public funds or closely modelled after public service institutions. We should not omit from these latter another kind of institution which has its mental hygienic bearing. There are, I suppose, ten or one dozen privately endowed but actually *semi-public institutions,* often containing several hundred beds, which, owing to the wisdom of their management and the permanency of their funds, together with the high social

level of their patients, have often been enabled to keep alight the torch of mental hygiene in their communities. These institutions are often off-shoots from great general hospitals; sometimes their erection has actually preceded in point of time the construction of the general departments themselves, for, indeed, no later than the days of Benjamin Franklin, wise men in the community saw the insane as amongst the very first problems to be attacked financially and institutionally. In those days, at least in this country, the plane separating public from private service was not so sharp as it has come since to be.

Although the development of the endowed institution for the insane often chronologically preceded general hospital developments by the same community group, yet it is doubtful whether there are many instances in which the interests of the insane have remained logically and humanitarianly paramount over the interest of the unstigmatized general hospital victim of pneumonia or typhoid fever. Perhaps this gradual lapse of the insanity problem from the minds of the humanitarian community groups mentioned and the greater interest taken in the easier problems of general medicine are stages in our progress only to be expected. Out of sight, out of mind—and for the most part these institutions with all their beauty of rural surroundings and excellent upkeep have not hewn close to the line as could have been hoped.

It is safe to say that in instance after instance these privately endowed departments for the insane have been allowed to help financially the general hospital portions of their institutions. Perhaps I am wrong in making this claim; but one can go so far as to say that it is the general impression that departments for the insane in these privately endowed institutions have been allowed either to pay for themselves by high rates of charge or else to make good deficiencies in the budgets of general institutions.

I should not dwell on this matter so long, did I not believe that the situation is not at all irreparable. Many of the community groups which stand back of these endowed institutions with their left hands are pouring out money for university developments with their right hands. They are groups which have simply not been properly instructed in what ways the interest

of the insane can be subserved other than by heat, light and power in their more obvious combinations. As one humanitarian belonging to such a group once said to me, "Of course, doctor, you can give the insane *more* treatment, but you cannot give the insane *better* treatment." It was to this man's mind an axiom that all that was ever to be known concerning the treatment of the insane was already in hand. Just as it is said that, if we added up all the knowledge in the world about the game of checkers (or let me say for Canadian readers, draughts!) we should find that all possible checker knowledge was already in some human book or mind, so, according to these humanitarians, we already know all that can possibly be known about the treatment of the insane. We are simply not applying all we know in the most intensive way to the insane all over the world. That the situation is quite unlike that in the case of draughts but is more like that in the instance of chess—namely, that no one yet knows or has ever known all there is to be known concerning chess or perhaps ever will know, such is the initial complexity of the game, and the infinite that is knowable about chess—is an idea rather difficult to put across the mental hygiene stage for many of our most humanitarian persons. Yet it is clear that many of the finest research problems in mental hygiene will probably never be solved outside of these privately endowed institutions, since the human material needed to solve them can hardly be found elsewhere.

We are now ready to come to the point of the new type of institution known as psychopathic hospital. But first I must mention (5) specialized *institutions for the epileptic* and (6) specialized *institutions for the feebleminded* with possibly (7) special *institutions for dipsomaniacs.* The two former, namely, institutions for the epileptic and the feebleminded are sometimes still found under the same roof, although it is a well established principle of mental hygiene that not only should the feebleminded be treated outside of institutions for the insane, but should also be treated in separate institutions.

Whether specialized institutions for alcoholics can ever be in general maintained or will be needed in future is a question we do not here need to enter. I would make one point, however, namely, that alcoholics do not like to be called insane and the

insane do not like to be grouped with alcoholics, so that a pretty skillful handling of the mental hygiene situation is necessary in doing social justice to the two groups under the same roof or from the same social or psychological or psychiatric desk.

We should then probably find (8) a number of *other special institutions* built up upon public, semi-public or private foundations which deal with local and special problems in particular and successful ways, and in the community we find, of course, a number of institutions which are frankly enough commercial in their aim but which give proper and adequate service for their relatively high charges.

That the state is the best boarding-housekeeper, can not be denied if we confine our attention to the budget and omit reference to invisible elements of the tax rate and also if we wink somewhat at the quality of the board and lodging provided. It ill behooves the publicist, however, to berate the commercial institution simply because he can show such excellent work in the course of accomplishment in *certain* state institutions; for in other state institutions far worse conditions are found in certain states (I will not say provinces) than are to be found in any commercial institutions, short of those immortalized by Mr. C. W. Beers in his book, "A Mind that Found Itself."

We come now (9) to the so-called *psychopathic hospital,* whose functions I hope to have in part explained in the course of the enumeration of other mechanisms for the insane just mentioned. In more positively explaining the functions of a psychopathic hospital, I must dwell a moment upon its name.

The name psychopathic hospital is, I believe, an American contribution. It is possible that we should ascribe the term to the late Pliny Earle, of Northampton, Massachusetts, that distinguished man, who, beside erecting the monoliths over the Northampton State Hospital grounds, is entitled to enduring fame for having shown the fallacy of early statistical methods in insane hospitals all over the world by his famous, if now obvious, distinction between the "case" and the "person." He showed how by enumerating "cases" of recovery and omitting to consider which *persons* were responsible for these *cases* the extraordinary high percentages of recovery claimed by sundry institutions of the highest grade must utterly collapse. Well, it

also appears that he had something of modern developments in mind when he compared the psychopathic hospital for the future so far back as the year 1877, with hospitals of his own day, by saying that they would be as diamonds to coal!

The psychopathic hospital is often a university clinic, although this is not implicit in the idea. It is often a municipal or state affair, divorced from university control and contacts.

The term clinic is nowadays used for so many types of institution, even certain non-medical institutions, that its formerly accepted significance as a teaching opportunity is fast lapsing. On the whole, however, so long as teaching is subordinate, perhaps in many communities it will prove wiser to speak of hospitals than of clinics. But these subtleties of nomenclature alter from year to year and differ from place to place, so that whether we term an institution psychopathic hospital or psychiatric clinic, we may not (indeed we cannot) aspire to unanimity in name.

In America we speak, then, of the psychopathic hospital or psychiatric clinic group as that very small group of institutions led off by the foundation of the psychopathic ward at Ann Arbor in 1906 and followed in 1912 by the psychopathic hospital in Boston, and in 1913 by the Phipps Psychiatric Clinic in Baltimore.

In the New York state hospital system there exists a Psychiatric Institute upon Ward's Island which is another research centre. Enlarging the circle of consideration a bit to include the practical (but not especially research-adapted institutions) we should include the Bellevue psychopathic ward and the psychopathic hospital in Cook County, Illinois.

In Newark, New Jersey, and in St. Louis there are institutions or arrangements which look in the same directions.

Syracuse, New York, has a small psychopathic ward upon a separate footing.

There are no doubt a few other institutions which serve, in part at least, some of the functions proper to the psychopathic hospital. Now in Winnipeg is being established another psychopathic hospital which from my information will, in the course of time, take its place amongst the true psychopathic hospitals.

What are the proper attributes of the psychopathic hospital

in the sense of the Ann Arbor, Boston and Baltimore institutions? I fancy that many readers well posted in mental hygiene will have been astonished with the frequency with which in the early part of this paper I referred to the "insane." They rightly hold that *insanity, a legal concept, has been replaced with mental diseases, a medical concept.*

Now the psychopathic hospital is that type of institution which in the quintessential way exhibits the truth of this distinction. No institution is entitled to belong in this group if it does not deal with considerable numbers of patients who are not entitled to the designation "insanity," but are entitled to the designation "psychopathic." For the clarity of my own mind, I often place in an inner circle (1) the insane and medico-legal group of *judge-made cases* that are committable or certifiable to public institutions. About this inner circle I place concentrically (2) another group of persons who are perhaps the victims of *psychoses* (to which we might give fairly definite names) but are actually *not certifiable* and are such that no judge would risk committing them to a public institution, despite the fact that they may or may not deserve that proper medical treatment which could only be accorded them in public institutions or in institutional equivalents. Many of the persons in this circle would be appropriate voluntary cases, or cases for so-called "temporary care," which the laws of Massachusetts and of the City of New York have for some time provided.

Around this second circle of the psychoses not insane, I sometimes for the clarity of my own mind place a third circle of (3) *psychopathic persons* who cannot be given more or less definite diagnoses and are, however perturbing in the community, not committable.

Of course the word psychopath etymologically ought to and does cover all sorts of mental diseases, definite and indefinite, stretching from the so-called psychopathic personality to the victim of general paresis itself. Psychopathology, the science of psychopaths or psychopathy is nothing but the science of mental disease as a whole; and one could do a grievous damage by trying to exclude the definite psychoses (committable or non-committable) to public institutions, from the range of the science of psychopathology. Nevertheless, in practice when one uses

the term psychopath, one does not have in mind the victim of the more definite psychoses (the committable cases) simply because one would better use the proper designation of the definite psychosis in question and has no use for the more generic designation psychopath. Accordingly, it is both etymologically, logically and practically justifiable for the psychopathic hospital to serve the needs of all sorts of psychopaths in the broadest and in the narrower usage of the term. But if such hospital does not serve the needs of the mild cases, of the acute, the curable and the incipient cases, that is, all psychopathies that are not yet defined and for that reason the more worthy of study, then such hospital would, it seems to me, not be entitled to the term psychopathic.

The psychopathic hospital must deal with psychopaths of all descriptions, and if it does not deal with those psychopaths that masquerade under the same nervous prostration, nervous breakdown, and so on, then it will not do its plain psychiatric duty to a large class of mental defectives in the community.

I have gone a somewhat long way about telling the nature of the psychopathic hospital by means of discussing its name. Personally, I rather prefer the name psychopathic hospital to the term psychiatric clinic. In the first place, I regard the term hospital as for the moment a more welcoming and receptive term for the community which is not perhaps yet educated to the highest mental hygiene level. But dismissing the question of the relative values of the terms hospital and clinic, what is to be said concerning the value of the terms psychopathic and psychiatric? Both these terms are a little hard for some of the laity actually to pronounce, although the term psychopathic is less difficult than the term psychiatric. For this reason I fancy the designation mental was given to the analagous London institution which had been founded and was about to be opened just before the war, the Maudsley Mental Hospital. But the term "mental" it would seem is far too general for such a usage, as it would seem a term equally applicable to the nursing asylum, the district hospital, the hospital-school for the feeble-minded, the hospital-school for the epileptic and the like. All these institutions should, in the developed phase of the mental hygiene of a community, be properly termed mental.

I think that one reason why I personally rather prefer the term psychopathic to the term psychiatric is that the term psychopathic, besides its Greek elegance, does not specify within itself the idea of practice, that is, diagnosis and treatment. The psychiatrist is the mental healer, the practitioner of mental medicine. The specialist in psychopathy might not be merely a practitoner (which he must ever be) but also a theorist. Psychopathology and psychiatry are the complementary *science* and *art* of mental disease.

The true psychopathic hospital should contain within itself the mechanisms not only for the immediate diagnosis and treatment upon the highest lines of the mental patient, but should also contain the mechanisms of research and investigation which will yield scientific results of value in future practice. One may be too fond of this distinction between science and art, between theory and practice, although so great an authority as Marshal Foch makes enormously of the distinction and indeed points to the German methods (of Clausewitz and his ilk) as methods of science that in and for themselves used *as a science* must fail alongside the real practitioner of war, the warrior who regards war *as an art,* which uses science for its end but develops itself independently of science. The men of science have claimed so much for themselves, especially during the last century, that one cannot help sympathizing rather with those who would emphasize the practical side of such topics as mental disease. It is perhaps for that reason that the term psychiatry has taken root instead of the term psychopathology for this field of work.

In thus considering the respective merits of the term psychiatric and psychopathic, I do not wish to claim the one as distinctly superior to the other or as more appropriate than the other at a given time and in a given place. I hope only to make the point that institutions of this group that warrant public confidence are those in which not alone the art of mental healing but also the science of mental disease are given due weight in the budget.

By distinguishing science from art I do not wish to point to the laboratory on the one hand and the ward on the other. For instance, the detection of skull disease by the X-ray is no longer a matter of science. It is applied science or art, and every

psychopathic hospital worthy of the name should have accessible to it such device as the modern X-ray laboratory contains: but this is not science, it is practice. Of course, new points with respect to the X-ray and the brain may well be established in such a laboratory, whereupon we should properly speak of scientific work, that is of theoretical work going on in such a laboratory.

On the other hand, if one in the ward should discover by observation some new property of the pupil or some new symptom and should study such pupillary change or new symptom in a series of cases, here would not be psychiatric practice but here would be a bit of psychopathology, that is of the science or theory of mental disease in the making. The distinction then between science and art, as I am here endeavoring to make it, is absolutely a cross distinction with respect to the ward and the laboratory. There is scientific ward work; there is practical laboratory work. To be sure, the laboratory men see much of their work as rather recently applied scientific stuff, and may sometimes claim to be men of science when they are as a matter of fact purely men of practice. On the other hand, we may find the shrewdest and most theoretical clinician proclaiming how practical he is because his work is on a clinical basis. Of course, in the work-a-day world, practical men often get on by claiming more or less subtly to be theoretical, and theorists often—shall I say camouflage—their science by claiming to be practical: but the fact that in our daily lives we have to deal with persons who cannot distinguish (like the Germans, indeed, according to Marshal Foch) between science and practice, and the fact that we sometimes have to claim to be scientific when we are actually practical, and *vice versa,* should not blind us to the real distinction. Perhaps enough has been said to show that every psychopathic hospital or psychiatric clinic of the group we have in mind should be equipped and active in both the science (psychopathology) and the art (psychiatry) of mental disease.

Now it may be asked: How has the plan for psychopathic hospitals worked out? It is all very well to say that every city of 100,000 inhabitants, or possibly every city of 50,000 inhabitants, should have such a hospital, developed at least upon its

practical side with a scientific man or two on its staff. It is all very well to point to individual successes scored in the field, but how stands it with the total programme? We must acknowledge that it is yet too early to say. It is clear that the psychopathic hospital is never going to replace the majority of the other types of mental hospitals enumerated at the outset of this paper, for the psychopathic hospital has not actually diminished the intake of committable cases to the state institutions. Have they actually reduced the tax rate, or are they in course of doing so? Perhaps one should say roundly, no; no such reduction has been produced or is in sight. If, however, the amount of money saved to the families of persons rescued by the psychiatrists and social workers of psychopathic hospitals should be taken account of, then I am pretty certain that we could establish a good deal of community saving. The insurance is an invisible one, however. I assume that the state or province which deserves the name civilized is one which, regardless of its budget, treats this general problem upon the highest lines on the basis of the ultimate benefit which will accrue to mankind.

I perceive that the phrase "regardless of its budget" will cause sundry persons to raise their eyebrows; for there are still those amongst us (though happily the war has reduced their number) who place economics ahead of happiness, who place physics ahead of ethics, as the ancients had it. But it is not that the execution of these suggestions would overwhelm a state or provincial budget. They would not. The total expenditures for the higher measures of treatment of the insane and allied classes, form, as anyone can see who attentively reads the budgets, but a vanishingly small portion of the total outgo. But it is not my place to discuss budgets and the budgetary mind: those matters are always attended to by the type of person known the world over as the watch dog of the treasury—a type of mind in which the acquisitive instinct has found its greatest development and in which the constructive instinct lies in a state of comparative atrophy.

Has the psychopathic hospital idea made good the promises of its propounders? The idea now has a history of some fifty years, and there may be a score more or less of institutions in the world which conform to the ideals of what Weir Mitchell

terms "the art and its assistive sciences" that have to do with the psychopath taken in his most general sense. A recent account of psychopathic hospital achievements the world over would require a thick volume. I shall confine myself to a very few statements from American experience, the most of which will be borrowed from the institution record with which I am most familiar, namely, that of the institution in Boston.

One of the most striking achievements of the Ann Arbor institution is one scarcely reducible to statistics. My old friend and former colleague, the director of the Ann Arbor psychopathic ward, Professor A. M. Barrett, familiar as he is with the psychiatric levels of at least three states of the union, tells me that quite a remarkable improvement in the general level of acquaintance by general practitioners concerning mental disease has been produced in Michigan as the result of turning out year after year, since 1906, medical graduates familiar with the practical clinical features of the cases seen in their medical school courses at the psychopathic ward. This ward, it must be remembered, is an integral part of the University of Michigan Hospital which operates as a teaching institution for the medical school of the university.

If there were no other single achievement of the Ann Arbor plant, this raising of the general level of the ordinary practitioner's knowledge of mental disease in the single State of Michigan would be worthy the expenditure. But in addition to this achievement, a number of men have contributed to the world of mental hygiene by the Ann Arbor institution. No doubt, without its existence the breadth of view and plan of attack of the present Director of the Massachusetts Commission on Mental Diseases, Dr. George M. Kline, would not have been so greatly in evidence. To mention only another instance of the permeating power of such a plan, I may speak of Major Frankwood E. Williams, the editor of the American journal called *Mental Hygiene,* and the accomplished manager of many of the war problems of the Division of Neurology and Psychiatry of the Surgeon-General's office.

To raise the general level of psychiatric knowledge upon the part of the practitioner and to contribute men like the two examples mentioned—these are sufficient achievements, if we leave

out of account altogether the more technical matters of research and the matter of the expert practical handling of the curable group of cases indicated by Dr. Barrett's biennial reports.

One may speak in equal admiration of the work accomplished since 1913 by the Henry Phipps Psychiatric Clinic under its distinguished director, Professor Adolf Meyer. The clientele of the Johns Hopkins University is such that no doubt the effects of psychiatric teaching there will be shown in a great many loci and not confined to a single state. It had long been the regret of many of us that the Johns Hopkins Medical School had not taken as advanced a position with respect to psychiatry as with respect to many of the problems of general medicine and surgery, and this despite the heroic efforts made by Dr. Stewart Paton to engage a local interest in the entire problem. However, in the end the Phipps clinic got a sort of Minerva birth fully panoplied.

The institution is distinguished for its high level of psychiatric nursing. It is one of the few institutions in which the general-hospital trained nurses apparently take an equal interest in the psychiatric side. In the long run the production of nurses capable of handling psychiatric cases upon modern lines will prove an essential and one of the most important links in the mental hygiene chain; for it is almost as true as it was 25 years ago when Dr. Weir Mitchell made his celebrated attack on the asylum situation that few or no properly trained mental nurses are in existence.

How to put sympathy into the ordinary trained nurse is a problem that has apparently not greatly engaged those who have swayed the course of nursing in general. It would be a simple and effective plan if every general hospital nurse could be forced to take some work in a high grade psychiatric institution. Some of these women would prove especially efficient in psychiatry just as some of them now become good surgical nurses, and the public would be quick to grasp the opportunity afforded by the existence of these women.

One is struck in the work of the Phipps Psychiatric Clinic with this high standard of nursing and with the applications of occupation therapy and mechanotherapy and the like with the patients.

Again, of purely scientific accomplishments, I choose to say nothing. I need mention only the important work upon the relation of psychiatry to the child being carried out by Dr. MacFie Campbell.

As for the Boston institution, I can, of course, speak far more fully. A public institution like that of Ann Arbor, a metropolitan institution with a public metropolitan intake unlike that of either Ann Arbor or the Baltimore institution, the Boston plant had a number of problems to handle which might not necessarily belong to the province of a psychopathic hospital. For instance, though the institution was not designed for alcoholics (and the laws indeed forbade admitting delirium tremens) nevertheless there was a considerable alcohol problem, and we spent a number of years in a more or less fruitless campaign to teach general hospitals how *not* to treat the acute alcoholic psychoses. I will not go into the details of our proof that the very best general hospitals on the Atlantic seaboard were losing case after case of delirium through processes of tying-in-bed, alternate stimulation and depression by drugs, and the omission of proper facilities for isolation and for hydrotherapy. Of course, the proof of these matters had been already in the literature of some thirty odd years; but so low is the mental hygiene level in many countries that to this day archaic and barbaric methods of treatment of deliria are maintained in the very midst of palatial hospitals whose boards and superintendents might affect a pious horror if they should read these lines.

However, the power of alcohol in some parts of the world is said to be on the wane, and we may need to replace our interest in alcohol with an interest in certain drugs. In any event, the handling of delirium and excitement in general hospitals ought to be greatly improved by physicians who have seen the worth of prolonged baths and little or no drugs for these cases.

We had also a large syphilis problem to face; something like 15% of our entire intake are patients proved to be syphilitic, though perhaps in not all of these cases could we safely ascribe the mental disease to the syphilis. In the last seven years a most elaborate investigation has been developed of the effects of salvarsan, salvarsan substitutes and other anti-syphilitics upon the various forms of neurosyphilis.

The development of elaborate work in social service in this direction has been an indispensable accompaniment. Here again is work which might not be thought at first sight essentially the work of a psychopathic hospital. Nevertheless, we find that the psychopathic hospital group of neurosyphilitics comes to medical observation far earlier than the asylum group of neuosyphilitics. These earlier cases are much more accessible to treatment. We found that of 300 untreated cases of the psychopathic hospital group (that is, those coming relatively early to medical observation) there were not over 15 cases of so-called remission. In 200 cases intensively treated by salvarsan, cases of exactly the same provenience from the community and at the same stage of their disease, we were able to find 50 (or 25%) that were sent back to a condition of self-support. The end of this work is not yet: it will take another decade to determine the effects of this therapy. All the cases must be followed by social service methods.

All three of the institutions mentioned have proved the worth of psychiatric social work. For war purposes the whole thing came to a head in the summer course given at Smith College which attracted a new group of women into a special form of social work which stands to general social work as would psychiatric nursing stand to general nursing.

Some interesting developments in connection with industry and especially with unemployment have also been developed in connection with the social work at the Boston institution.

Mental hygiene appears to me to stand at the present day upon a sort of tripod composed of psychiatry, social work and psychology. It appears to me that no elaborate piece of mental hygienic work can be executed, whether it be the work of a psychopathic laboratory in a court, the work of a survey, the work of a dispensary or any kind of work in mental hygiene whatsoever, without the presence and co-operation of these three types of worker, the psychiatrist commanding the situation, the social worker using independently her technique under medical guidance and the psychologist contributing his scientific judgment concerning measurable mental capacity.

Dr. Yerkes developed at Boston his Point Scale, an endeavor to place the Binet method upon a somewhat more scientific basis, and the psychological work of the institution is so deeply

imbedded therein that I believe we should be wholly at a loss in our practical work if we could not have our expert mental tests performed upon practically every case of diagnostic difficulty. This matter of psychology is no routine matter. Although the steps, like most technical steps, can be learned by almost anyone, it is, nevertheless, true that an accomplished psychologist will succeed in an institution when a six-weeks'-trained person, capable merely of going through the motions of testing, will fail.

At one time the late Cecelio Rossy, who afterward went into industrial psychology, did some work at the hospital upon the choice of employees on the basis of psychological examinations. His endeavor seemed to be a very successful one. It is possible that civil service examinations, to say nothing of other examinations, may in the long run be replaced by the Binet tests or their equivalents.

I have thus far mentioned alcohol, syphilis, social work and psychology as important fields of work, to which intensive study of year-long duration has been made in the Boston institution. Again I omit to speak of pure researches. We had an enormous diagnostic problem to face, as will ever be the case with the institution whose intake is so large (about 2,000 patients a year flowing through a hospital operating less than 100 beds) and with an out-patient department handling some 1,500 cases a year. A number of officers of the institution have contributed to this diagnostic problem, and to their papers I would here make reference.

But the bigger achievement is the achievement in mental hygiene of an institution which succeeds in welcoming hundreds of voluntary cases per annum and over 1,200 temporary care cases that do not pass through the courts. Practically all our cases in Boston are cases of mental diseases that are not "judge-made" in any respect. We have then a practical exemplification of the ideal of having mental diseases handled almost in the manner of general hospital patients. It is no longer a question in a doubtful case of considering a man insane and remanding him to an asylum until proof can be brought that he is not insane. Of course, not many instances of this shameful process are a matter of record, but the contrary thing has often happened, namely, that case after case of more or less obvious dis-

ease has been allowed to run along in the community without hospital care until the performance of some overt act which would convince a judge or even a jury that the patient was certifiable.

I believe, then, that this extraordinary accessibility of the psychopathic hospital which has now taken in over 12,000 cases in its brief history, is the point to emphasize with respect to the Boston institution. We have tried to make and have succeeded in making the psychopathic hospital a highly permeable membrane between general practice and the state hospital system. It is perhaps not yet fashionable to be psychopathic, but at all events, the state hospital system is no longer a forbidding one to the friends of the psychopath and even to some of the psychopaths themselves.

Here, then, I believe, is the greatest function of the new type of institution. Aside from pure researches, aside from medical teaching, aside from the establishment of high psychological and social service standards, aside from the syphilis and alcohol problems, we find looming largest upon the scene the capacity of the psychopathic hospital to draw to itself the unstable elements of a community. It is somewhat as if prisons should exert a sort of magnetism by which criminals would be unfailingly drawn into proper cells or custodianship. Perhaps that may indeed happen some day for those types of criminal that are psychopathic. But, aside from criminology, there can be no doubt that the psychopaths are now flocking toward their proper theatre of treatment much in the same way as at Gheel the victims of mental disease flocked to St. Dymphna's well centuries ago.

Here, then, I end an all too brief and general statement of the functions of a psychopathic hospital as I see those functions lying amidst the more general functions of the community with respect to the whole problem of the psychopath. The psychopathic hospital is not a panacea. Above all, it does not replace any one of the institutions enumerated at the outset of this paper, but it has a very definite and a somewhat novel function of determining to itself those who are most in need of treatment, the acute, curable and incipient cases of mental disease.—*Canadian Journal of Mental Hygiene.*

HOSPITAL ABUSES

By J. W. Kennedy, M.D., F.A.C.S., Philadelphia.

If the average hospital could put into words its own abuses it would be a most caustic tirade of injustice practised by both our profession and the laity. Conducting probably the largest private surgical charity in this country, I am in position to speak of the trials of the medical institutions. I wish to say in the beginning that unless the public comes to the rescue of the hospitals and dispensaries of our country they are doomed to bankruptcy and their progress, scientific advancement and amount of legitimate charity will be stinted by a dishonest citizenship, and this term exactly covers the fullest scope of hospital abuse. Permit me to detail some of my experiences in the conduct of the Joseph Price Hospital, as from forty to fifty per cent. of our work is charity I can well bespeak of the trials of the public hospital.

I first want to say to the medical profession that they are reprehensible in their lack of support of their professional home, the hospital. It seems to be a prevalent opinion among our profession that the hospital is an institution which simply effervesces its own support. Now I know from a large personal experience that not over ten per cent. of patients who enter the average hospital are legitimately charity patients. Many of the physicians know this, but have not been taught that the hospital is a member of his professional family and has never felt the necessity of careful financial relations with the medical institutions with which they are connected. If we could only extract that most detestable of all characteristics, selfishness, from the human being, most of what remains would be of a high type of humanity. I wish to say to my brother practitioners, that even realizing that are doing more charity through our services than any other class of men, unless they become more uniformly to the financial support of the hospital by seeing that each patient does what he or she can toward paying for services rendered in our medical institutions, they will not only have to give their services to such institutions, but will have also to give financial

aid toward the upkeep of the hospital. The medical profession is doing much to pauperize the noblest institutions of our country, and are popularizing an illegitimate charity with the idea of promoting some personal favoritism with a particular family.

The profession should remember that that particular family has the one sick member to care for, while the hospital has one hundred or one thousand, and he should think of it in this ratio. Hospital superintendents complain about large fees charged by certain surgeons, the patient paying little, if any, hospital support. Again comes the complaint that large surgical clinics are popularized by admission of patients for little or nothing for the institution, in order that they may receive surgical services from a particular operator, the operator caring little regarding financial arrangements as long as the clinic is fat. I am sorry to say this is true and it has encouraged charity to the extent that it has become one of the greatest hospital abuses. The exceedingly large clinic which has been built up through an illegitimate charity has not been even productive as a teaching centre. The great number of surgical cases soon swamps the surgeon and we find him rich with the knife, but poor indeed in knowledge of clinical history, diagnosis, personal care and post-operative relations with his patients. As much as it may seem inconsistent with the common fitness of things, real surgical progress will never come through excessive numbers of operations unless the surgeon in charge has personal relations with each patient before, during, and after each operation. The surgeon is bound to become a dwarfed clinician unless he become more a physician. Ten specialists will never equal one well-grounded man in the accurate recognition of disease in any great number of cases, and yet I do not deprecate the specialty which has come to stay and has its place. I stray from my subject here because I am often appalled at the scars of surgery.

I feel that dishonest citizenship is never so low as when it attempts to feed upon an institution whose function it is to take care of the sick. I have had millionaires use my phone and say to me: "I guess there will be no charge as I am a heavy contributor to the institution." The pompous millionaire did not recognize me as the owner and sole contributor to the insti-

tution. It is not uncommon for some member of the Legislature to ask for assistance from the hospital, threatening with his alcoholic breath to withdraw his influence in obtaining the yearly state support, when there has never been any state support in the history of the particular institution. If you feel the hospitals are not on tottering financial legs, just review the Philadelphia institutions and shame will be written on Philadelphia citizenship. I have said in literature that nineteen out of twenty deaths in my specialty, abdominal surgery, were due to human errors; a goodly proportion of this death rate is due to lack of legislative control and governmental support.

When the government thinks seriously of us as a profession and supports us in our true traditions, and thus permits us to exercise our up-to-date privileges, we will reward the government with a life-saving service which will be the most admirable of its departments.

Early in the history of the recent war Great Britain realized the importance of milk as a food for infants and the sick and took charge of the entire milk supply of the country, with the result that the infant mortality from birth to the age of five years was reduced fifty per cent. lower than it has been, even in times of peace and plenty.

This is one of the most magnificent showings of which I have any knowledge. The government steps in, takes charge of the most important food for infants, sees that the poor get such food, reduces the death rate fifty per cent. in spite of the fact that food in her country was the scarcest in her history. You see the government become a real physician with the power which should be in the hands of every physician. There is nothing which quite so much makes my blood boil as to have my privileges taken from me by some political body which lives for money and power and threatens our medical institution by his lack of support.

I should feel that the high death rate of the recent influenza epidemic, with a far greater death roll than our fatalities in the present war, would call the attention of our government to the need of better support of that department of health which should better care for our medical units. The lack of medical care in this epidemic, by which I mean doctors, nurses, and medical

institutions, increased the death rate to a lamentable degree. People died by the thousands for the want of care. It is my opinion that any time our government chooses to become a real physician it can lower the death rate of our entire country seventy-five per cent.

It was not necessary to have a devastating war to bring about the real need of an organization such as the Red Cross; such need has constantly been with us. I have known for a number of years that the death rate, due to positive human neglect by acts of omission and commission, was greater than the entire legitimate death rate.

I have seen the hospital accounts doubled and trebled without any corresponding effort in civil life to compensate. I have seen, through dishonest citizenship, both lay and professional, abuses of our medical institutions which could only mean destruction or crippled effort. I have seen the most insulting abuses to the greatest friend the American hospital ever had. My beloved master, the late Joseph Price, did more to establish, encourage, popularize, and support the local and general hospital than any man in America and received in return abuse from many of the institutions he conceived and dedicated. I trust this war will give us some big, honest, thinking men.

At the beginning of the war, knowing it impossible to leave the Joseph Price Hospital to enter war service without closing my institution permanently, I did what I felt was the only possible way of rendering my country war service, by admitting, free of hospital and professional charge, all dependents of those who were in the service. This soon became an enormous charity and was of great satisfaction and pleasure to me; but it soon tainted of the hospital abuse and I found many accepted charity who were not in any way dependent upon those in the service. I have operated upon and kept free of hospital expense the servants of a great number of people who are very conspicuous in civil life, both socially and financially, and it is the rarest thing for any of these well-to-do people to pay a cent for their faithful Mary or John who has served them a decade or more, and yet some of these same people have written their names on conspicuous monuments of public charity. It may be easy to get $500,000 for a public charity if the donator may

baptize such charity, but try to get $5,000 whose only receipt is the imprint upon a human soul and false humanity shows her real colors.

When I left the farm and felt the last and greatest blessings of a Christian and gentle mother, honesty and charity were to me consistent virtues; honesty remained unchanged, but this attribute they call charity has not remained a consistent virtue. I see it distorted in many edifices erected for charitable purposes. If you will give us individual honesty we will not need the charity erected by the millionaire of possible illgotten fortune.

It requires no great strain on any thinking man's logical conclusions to know that the most difficult proposition which now faces the great impending Peace Conference in France, is to so purify the heart of man that force and law shall be mere accessories in the governments of peoples. It has been necessary for me to dwell upon individual dishonesty as it appears in its most hideous form when used to rob institutions which have absolutely no income, are established entirely for charitable purposes, and whose function it is to care for the sick and oppressed.

That individual honesty is at a very low ebb is most forcibly shown in my conduct of the Joseph Price Hospital. I have three separate accounts: one is a legitimate charity account, the other a pay account, and the third an honor account. My honor account includes those who are brought to the hospital for some urgent operation where no time has been given for financial preparation, the patient being one who has an earning capacity; a nominal charge amounting to about one-half the actual hospital expenses is made such a patient as they leave the institution. We explain that this is an honor bill and that there is no legal obligation, the bill may be paid at their convenience and in amounts they may determine. We have several hundred such accounts and not one has ever been paid, in spite of the fact that a life-saving service has been granted to an able-bodied man with an earning capacity. There seems to be quite a universal feeling that a hospital is a free institution and it is useless to bother as to where it obtains its support.

The medical institutions in the future face difficult problems regarding their scientific help, internes, nurses, etc. The National Protective Nurses Associations are demanding shorter duty hours for the nurses in training; this, of course, means more help and greater expense. The professional nurse should be protected and well paid; I place her calling above my own, and I could not get along without her; however, she should not permit organized protection to rob her of a conscientious relationship with her patient or the poor and needy will be robbed of her service.

People must become more uniformly human; they must be taught their duty to the medical institutions; they must be made to know their duty as honest men, or the hospital is doomed.—*Medical Record.*

RECIPES FOR KILLING FLIES

The United States Government makes the following suggestion for the destruction of house flies: Formaldehyde and sodium salicylate are the two best fly poisons. Both are superior to arsenic. They have their advantages for household use. They are not a poison to children; they are convenient to handle, their dilutions are simple, and they attract the flies.

Preparation of Solutions.

A formaldehyde solution of approximately the correct strength may be made by adding 3 teaspoonfuls of the concentrated formaldehyde solution, commercially known as formalin, to a pint of water. Similarly, the proper concentration of sodium salicylate may be obtained by dissolving 3 teaspoonfuls of the pure chemical (a powder) in a pint of water.

An ordinary thin-walled drinking glass is filled or partially filled with the solution. A saucer, or small plate, in which is placed a piece of white blotting paper cut the size of the dish, is put bottom up over the glass. The whole is then quickly inverted, a match placed under the edge of the glass, and the container is ready for use. As the solution dries out of the

saucer the liquid seal at the edge of the glass is broken and more liquid flows into the lower receptacle. Thus the paper is always kept moist.

Other Simple Preventatives.

Any odor pleasing to man is offensive to the fly and *vice versa,* and will drive them away.

Take five cents' worth of oil of lavender, mix it with the same quantity of water; put in a common glass atomizer and spray it around the rooms where the flies are. In the dining-room spray it lavishly, even on the table linen. The odor is very disagreeable to the flies, but refreshing to most people.

Geranium, mignonette, heliotrope and white clover are offensive to flies. They especially dislike the odor of honeysuckle and hop blossoms.

According to French scientists, flies have intense hatred for the color blue. Rooms decorated in blue will help to keep out the flies.

Mix together one tablespoonful of cream, one of ground black pepper and one of brown sugar. This mixture is poisonous to flies. Put it in a saucer, darken the room, except one window, and in that set the saucer.

To clear the house of flies, burn pyrethrum powder. This stupefies the flies, but they must be swept up and burned.

Canadian Hospitals

NEW RECEPTION HOSPITAL FOR TORONTO

Preparation of plans and specifications for a new city Reception Hospital have been ordered by the Board of Control, Toronto. What the building will cost or where situated is as yet unknown.

W. W. Dunlop, Inspector of Prisons and Asylums, stated that he is recommending that a hospital to accommodate 60 patients be erected with a staff of twenty-five members. The cost is estimated at $1,400 a bed, which would roughly mean a total cost of $84,000. Whether the city will stand the entire cost of the institution is another question.

"According to the statutes," said Inspector Dunlop, "each city of over 100,000 should have a reception hospital built at its own cost, but afterwards maintained by the Province."

This move on the part of the Board of Control to relieve the present situation in regard to the care of mental cases follows immediately on the closing of the Ontario Hospital, Queen street west, better known as "999 Queen west." For the past two weeks, patients from the Queen street hospital have been gradually transferred from that institution to the Provincial new hospital at Whitby which has been recently vacated by the military and again taken over by the Ontario Department of Prisons and Asylums. Up to the present there are about 200 patients in Whitby and about fifteen every week being transferred from Queen street. The transportation from the city to Whitby is chiefly carried on by means of automobile, but as the work increases some of the cases will be taken on the train and the work of the automobile continued.

The old building will be vacated as soon as ever the 1,000 patients, now in Queen street, can be transferred to Whitby. This should take probably two or three months.

The closing of Queen street hospital sees the passing of another Toronto landmark. The building was erected in 1849,

according to the plans used in Bethlehem Asylum, London, England, famously known as "Old Bedlam." The first directors of the institution were Dr. Widmer, Mr. Ewart, J. C. Chewett, Sheriff Jarvis and Dr. King. Patients were first admitted in 1851 and it is estimated that a total number of at least 20,000 cases were handled during its sixty-nine years' service. The first superintendent was Dr. Jos. Workman, appointed in 1853, followed by Dr. Gowan, who was brought out from Edinburgh University in 1875, and remained only a short time. Dr. Daniel Clarke was later appointed in 1876, followed by Dr. C. K. Clarke, 1905, who was finally succeeded by the present superintendent in 1911, Dr. J. M. Forester.

The building was purchased six years ago, together with the old Central Prison, by the Grand Trunk Railway, and an estimated value is put at between $400,000 and $500,000. The Provincial authorities still hold lease for its continued occupation.

Inspector Dunlop, in discussing the closing of the Queen street institution, emphasized the necessity for a local reception hospital, pointing out that at present there is an urgent need for some place to handle acute mental cases in the city. The Whitby institution is considered by Mr. Dunlop to be one of the finest of its kind in America.

COMMENCEMENT EXERCISES OF THE WOMEN'S COLLEGE HOSPITAL

The green lawn formed a carpet and the arching trees a canopy for the commencement exercises of the Women's College Hospital on July 24th, when the second graduating class of the Trainng School for Nurses received diplomas and school pins at a pleasant little ceremony held at the Nurses' Residence, 149 Rusholme Road, Toronto, with the President of the Board of Governors, Mrs. A. O. Rutherford, in the chair.

To march music played by a Salvation Army band, which contributed selections throughout the evening, the school nurses in their blue uniforms and the graduates in white, the new ones carrying bunches of roses, filed into their seats, making a very attractive picture.

Rev. Canon Daniels opened the exercises with Scripture reading and prayer.

Mr. John A. Paterson addressed the graduating class, touching upon the history of the noble profession upon which its members were entering, and speaking particularly of Florence Nightingale, who reduced the death rate in the Crimea from forty-two per cent. to two per cent., and who had 10,000 men under her control.

In speaking of the sentiment of mercy which must actuate the nurse in her work, Mr. Paterson said: "It is more than a sentiment, it is a sacrifice; it is more than a feeling, it is a fact; it is more than an emotion, it is an energy."

Dr. R. B. Nevitt presented the diplomas to the four nurses in this the second graduating class of the institution; Miss Hilda Florence Saftenburg, of Walford, Ont.; Miss Miriam Spademan, Toronto; Miss Georgina Lavina Ament, Toronto, and Miss Joyce G. L. Neame, Niagara Falls, Ont.

In presenting the diplomas Dr. Nevitt spoke of the change that had come over the world, and of the still great change yet to come. The Darwinian theory, he said, took hold of the world about the middle of the nineteenth century, and Germany particularly applied it in a way leading up to this war. England followed the same idea, but it never worked out so well. There was another factor which had been overlooked—the power of the emotions, which is going to be a great factor in the civilization of the world. One evidence of this power is the change that has taken place in the standing of women, and they are going to have still greater power in carrying on the civilization of the world.

Dr. Rowena Hume pinned the class pins upon the breasts of the graduates, and also upon those who graduated last year, before the pins were designed.

Dr. Jennie Gray spoke on the relations of doctor and nurse, touching first upon the remarkable growth of the Women's College Hospital which was the realization of the dearest hope of the women of the medical profession in Toronto. The work of a hospital Dr. Gray compared with that of a factory, the doctor taking the place of the work superintendent and the nurses that of the skilled workmen. Though the superintendent

may know every part of the work, it can't be carried out without the workmen. Doctors may make plans, but their knowledge will largely be lost if not skilfully carried out by the nurses.

Dr. Gray spoke also of nursing as a preparation for life's work. The training makes a woman obedient, resourceful, prompt, exact, alert, sympathetic. She must learn to use practically every power that is in her, and whether she uses her training professionally or not she is prepared to do splendid work as a woman, no matter what post she may be called upon to fill.

DISTRICT OF BEDFORD GENERAL HOSPITAL

The seventh annual report of the District of Bedford General Hospital, Sweetsburg, was read at the annual meeting, when the treasurer announced that the small standing debt on the hospital had, through recent gifts of money, been met, and the institution was now clear of debt. The total expenses for the year was $3,274.88, leaving a balance of $310.30. In the training school, one hundred and eight applications have been received.

HOSPITAL FOR CURABLE CASES OF PULMONARY TUBERCULOSIS

A delegation of nearly one hundred representatives of charitable and benefit societies waited upon E. R. Decary, chairman of the Administrative Commission, to urge the establishment in the city of Montreal of a hospital for curable cases of pulmonary tuberculosis. Dr. J. E. Dubé, of the Bruchesi Institute, acted as spokesman and insisted on its necessity, outlining various plans which had been presented as solutions of the problem. Mr. Decary, in reply, said that the commission realized the need of such an institution in Montreal, that the Mont Lasalle building was under consideration for the purpose and that a plan was being prepared by the city medical health officer. He suggested the delegation go before the provincial authorities to ensure the support of the provincial government and to obtain the promise of financial assistance.

MEMORIAL WING TO PORT HOPE HOSPITAL

According to the Toronto *Globe,* Rev. S. K. Byrne, formerly known as David Kidd, who was born in Port Hope, has undertaken to build and endow a memorial wing to the Port Hope General Hospital at a cost of about $300,000. He recently conferred with a committee of local citizens about the erection of a suitable memorial to his old friend, Joseph Scriven in Port Hope, and has promised a substantial subscription if the citizens undertake the memorial.

Rev. Byrne will also erect in Toronto, to the memory of Lucy Byrne, one of the many girls he has rescued, a magnificent million dollar building for social service work. Although not definitely stated as yet, Mr. Byrne intends also erecting a similar home in Chicago, Detroit and Montreal.

HOME FOR NURSES AT MOUNTAIN SANITARIUM

Mr. W. D. Long and Mrs. G. S. Bisby, brother and sister, have given $75,000 to be used to build a suitable home for nurses at the Mountain Sanitarium grounds. They gave the ground for the Sanitarium in the first place. Because of the number of returned soldier patients, it has been necessary to use part of the building where the nurses lived as hospital quarters. Building will be commenced at once.

Miss Maude G. Arnold, daughter of R. S. Arnold of Victoria Avenue, Brockville, has been appointed Assistant Superintendent of Brockville General Hospital. She formerly occupied a similar position on the staff of Smith's Falls Public Hospital.

Correspondence

CANNED GOODS AND PTOMAINE POISONING

In view of the fact that, in too many instances, canned goods are blamed as the cause of ptomaine poisoning, the following correspondence from Professor Rosenau, of Harvard University Medical School, to Mr. Frank E. Gorrell, Secretary, National Canners' Association, Washington, D.C., will be interesting:

Dear Mr. Gorrell:

A bacteriological examination has been made of about two thousand cans of merchantable canned goods. Professor John Weinzirl, who examined the first lot of about one thousand cans, found that some of them contained spores of bacteria and occasionally the spores of molds. These studies have been continued by Dr. E. W. Cheyney, who has found substantially the same results except for a smaller percentage of cans containing viable micro-organisms. It is well known to students of bacteriology that some of these spores are exceedingly resistant to heat and very difficult to kill. Most of these spores belong to the common varieties of bacteria that need the oxygen of the air to germinate: hence the importance of a tight can and partial vacuum. It has been found that living micro-organisms most frequently occur in meat, sausage, crab and other food packed in a dry state, and less often in fruits and certain vegetables. Professor Weinzirl's results were published in the *Journal of Medical Research,* January, 1919. Dr. Cheyney's paper is now on press.

An experimental lunch club was started over a year ago, in order to give a final answer to the question which is sure to be asked: Do these live bacteria in the cans injure health? We are now able to give a definite "No" to this question. All the cans examined by Professor Weinzirl and Dr. Cheyney have been eaten by the scientific workers at this experimental lunch club, and careful note of any effects has been made. Not the slightest symptoms have been produced. These favorable results were clearly predicted, for the kinds of bacteria and

molds found in merchantable goods are of the harmless sort. This work is being continued in order to cover all phases, and will be made the subject of a separate publication.

We next become interested in determining what temperature and time it is necessary to process different foods in order that the packers may be assured a sterile product. For this purpose, Professor J. Bronfenbrenner and Dr. W. T. Bovie devised thermocouple with which the precise temperature in different parts of the can may be determined during procession. A description of this apparatus will appear in the next number of the American *Journal of Industrial and Engineering Chemistry.*

The next logical step was to determine the thermal death points of these more resistant spores, and this work is now being carried out.

A study of the causes of spoilage was undertaken early in the investigation, and it soon became evident that bacterial spoilage was due to under-processing or to leaky cans. We have therefore discontinued this part of the work, except in special cases to help unravel some special problem along this line.

Professor Otto Folin, co-operating with the Bureau of Fisheries, has made a special study of the use of dogfish as food, with reference to methods of preparation and preservation. The final report of this work has just been received and is now ready for publication.

Professor E. V. McCollum, of Johns Hopkins University, Dr. W. D. Bigelow and I are collaborating in a study of canned milk with special reference to the effect upon so-called vitamines, a substance known as fat-soluble A. Dr. Bigelow extracted the fat in chemical purity, Professor McCollum used these fats to determine their effects upon the growth and nutrition of rats, and I am doing similar feeding experiments upon a rat colony in my laboratory, using the unaltered canned milk products. This work is nearing completion. Their results are favorable and will soon be published.

We are making a special study of botulism, and this has been placed in the hands of one of our fellow assistants, Mr. Paul F. Orr. The object of this study is to determine the con-

ditions under which the toxin of botulism is produced, the best methods of preventing this contamination, and the proper temperature to kill the spores of the bacillus botulinus, and the effects of cooking upon the toxin, etcetera. Mr. Orr has already obtained rewardful results, and I am sure after another year's work we will be able to give the answer to the question of botulism.

The chemical studies carried on by Dr. W. G. Webber and Miss H. G. Husted have been written up and make a voluminous monograph. The whole story of the chemistry and history of the ptomaines has been developed. It would be impossible in the brief space of a letter to go into all the details of the chemical investigation. Certain outstanding facts, however, are evident. One is that it has been impossible to find a poisonous ptomaine, and we believe that there is no such thing as "ptomaine" poisoning in the sense in which chemists formerly understood that term. I wrote an editorial which appeared in a recent number of the *Journal of the American Medical Association,* entitled, "What are Ptomaines?" This is the first of a series of editorials and articles which will appear, the effect of which we believe will be to discourage the diagnosis of "ptomaine" poisoning. Last winter our chemists extracted "ptomaines" from a turkey and also from some sausage which had been accused. A control experiment was made upon a fresh turkey and fresh sausage, both of which were eaten without harmful results; precisely the same "ptomaines" were isolated from the fresh turkey and the fresh sausage proving therefore that these "ptomaines" are simply formed by chemical manipulations.

We have now studied over 51 outbreaks of so-called "ptomaine" poisoning, involving 1,500 persons, and causing 3 deaths. This work has been done by Dr. W. E. Brown, Dr. R. N. Atwater, Dr. D. L. Sisco, and several helpers. We have industriously looked for cases and have made a special attempt to discover the cause of all illness attributed to food. This part of our work has brought out many curious instances. One outbreak of ptomaine poisoning was in fact dysentery; another was sunstroke; another was due to saltpetre put in the sugar in one of the military training camps; and a fourth was oxalic acid poisoning. Of the three deaths, two of them

were due to dysentery and the third was caused by oxalic acid poisoning.

It is very clear to us that injury due to food is much less frequent than is commonly supposed, and surely less prevalent in this country than abroad. This, I think, is due to the fact that we are nearer the source of our food supply, which is more abundant, fresher and cleaner than in Europe. Furthermore, we use more canned goods here than do the people in Europe, for it is becoming increasingly evident that canned goods are the safest foods that come to our table.

I have kept the work of Professor Bronfenbrenner and his immediate assistants for the last, although it really deserves first place. In this department of the investigation, many thousand specimens of fresh food have been examined bacteriologically, and many healthy and sick individuals have been studied in order to clear up the relationship between food infection and food intoxication. About 60,000 strains of bacteria, of which some 1,500 have been fully identified, about 200 of which are being made the subject of an intensive study.

It is becoming convincingly clear to us that there is no such thing as "ptomaine" poisoning, and that canned goods have a clean bill of health. They are, in fact, the safest foods that come to our table. Our studies furthermore emphasize the importance of packing fresh and clean products.

The work was fortunately only slightly slowed up on account of the war. We are now going ahead full steam with a full crew.

Book Reviews

John Oakley Lettson, and the Foundation of the Medical Society of London. By Sir St. Clair Thomson, M.D., President of the Society. Harrison & Sons, 45, St. Martin's Lane, London, W.C. 2. Pp. 62, with four plates and fourteen figures in the text; price 2/6.

Those who heard Sir St. Clair in Convocation Hall on Shakespeare and Medicine, or who have read his address, will be particularly interested in this biographette. Everybody would enjoy it. Lettson, a Creole, who drifted to the metropolis became the leader in his profession, lived the strenuous life, but had time to enjoy the "pleasant conviviality of society. He was the first to send Jenner's vaccine lymph and the mangel-wurzel seed to America. Lettson's life makes good reading.

The Higher Aspect of Nursing. By Gertrude Harding. Philadelphia and London: The W. B. Saunders Co. Canadian Agents, The J. F. Hartz Co., Limited, Toronto. 1919. Price, $2.00 net.

This little volume should be available in every nurses' home library, and is well worth the perusal of all graduate nurses. It is quite sermonesque in its tone and style. An occasional book of this sort is needed by the profession. It points out that in an inquiry in the U.S., as to what sort of women go wrong morally; nurses, as a class, come fourth in the list, coming after domestics, waitresses and low-grade factory girls. Miss Harding's ideal nurse shows intelligence, wakefull consciousness, will, stability, strength of character, self-control, reliance, poise, respect, charitableness, honesty, sincerity, loyalty, courage, affection, cleanliness, frankness, courtesy, kindness, gentleness, perseverance, refinement, industry, efficiency, cheerfulness, ambition, sympathy, mental alertness, tact, tolerance, patience, forbearance, trustworthiness, morality, altruism. She should have added " wings."

First Lessons in Bacteriology for Nurses. By M. E. Morse, M.D., Pathologist to the Boston State Hospital. Illustrated. Philadelphia and London: The W. B. Saunders Company. Canadian Agents, The J. F. Hartz Co., Limited, Toronto. 1919. Price, $1.25 net.

For years we have felt that nurses text-books and lectures were far beyond not only their requirements but frequently their comprehension and thus a waste of time and effort. We welcome Dr. Morse's work, believing it to be well suited both for the junior and the senior nurse and that she will digest more of it than she possibly can from the larger works. In this work the principles of bacteriology are applied in all the relations of life, but especially to preventive medicine. The illustrations are good and give one an idea of the smallness of germs by stating how much they are magnified. Germs are considered in their growth, development and distribution, in the outside world, in food, and in the body. Chapters on vaccines, serum therapy and immunity are especially suited for the senior nurses.

Reconstruction Therapy. By William Rush Bunton, Jr., M.D., Assistant Physician at Sheppard and Enoch Pratt Hospital, Towson, Md.; Instructor in Psychiatry at the Johns Hopkins University; President of the National Society and of the Maryland Society for the promotion of Occupational Therapy; Secretary of the Maryland Psychiatric Society. Illustrated. Cloth, $1.50 net. Philadelphia and London: The W. B. Saunders Co. Canadian Agents: The J. F. Hartz Co., Limited, Toronto.

This is a rattling good book and published at the psychological moment. The author maintains that mental and physical occupation is needed as much as food and drink; that all should have at least two hobbies, one out-door and one in-door, especially if their regular work is dull. The Great War has created the greatest interest in this new line of therapy; and every hospital and social worker should read up the subject. The lame, the halt, the blind, the feeble-minded, the cardiacs, something for them all is prescribed in this practical volume.

A Manual of Diseases of the Nose, Throat and Ear. By E. B. Gleason, M.D., LL.D., Professor of Otology, Medico-Chirurgical College Graduate School, University of Pennsylvania; 4th Edition; revised. Philadelphia and London: W. B. Saunders Company. 1918.

Dr. Gleason has gotten rid of any obsolete junk in his former volumes. The anatomy, physiology and pathology have received brief and careful consideration. In so far as operative procedures are concerned the author emphasizes what has been learned in the Great War. "A conservatism that seeks to preserve the wounded limb by the most careful and exacting of antiseptic treatment and plastics." Consequently, he has cut out ossiculotomy and some other intratympanic operations. Following the tendency of the times a good deal of space is devoted to the diagnosis of diseases of the internal ear and related intracranial conditions. A fine formulary is appended.

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A Bread By-law.—While waxed paper is used to-day for innumerable purposes, new uses are constantly being found for it, among which is its use as a wrapper for bread. When the city of Calgary passed a by-law making its compulsory that bakers should wrap all bread before it left their shops, there were many who considered this as advanced legislation. But the city fathers of the Albertan centre were wise in their day and displayed a keen foresight, for they have made Calgary the pioneer city in one of the most important hygienic movements of the century.

A Day of Package Foods.—We all realize that this is a day of package foods. We recall the old red milk wagon with its jostling cans of bulk milk, but see now trim wagons delivering that fluid in sanitary glass bottles; we recollect the six or eight mystical tea chests from China and Japan that sat behind the counter of the grocer in childhood days, but which have made way for varied lead packages rivalled in their hygienic qualities only by the cartons containing rolled oats, sugar, raisins, dates, and other eatables that a few years ago felt the touch of fingers many times between factory and table.

Public Educated.—In these days the public are being educated by women's clubs, by writers on hygienic subjects, by lecturers on the platform, and advertisers in the press, to demand pure foods hygienically wrapped. The slogan "no hand touches it from the time it leaves our factory till you open the package in your home," was never more apt than to-day.

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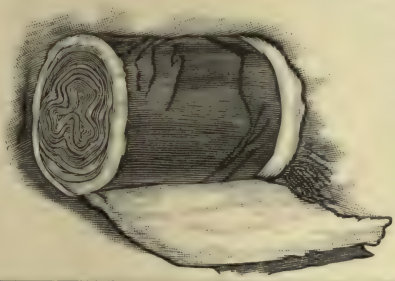
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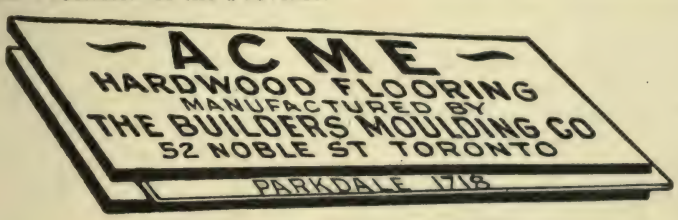
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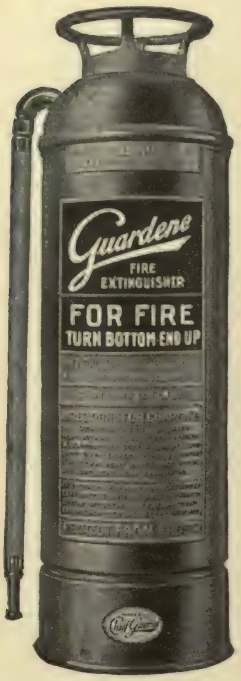
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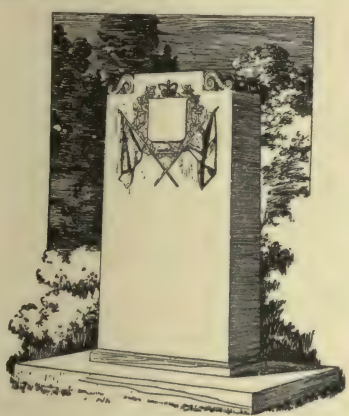
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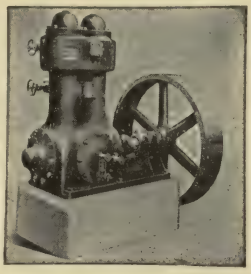
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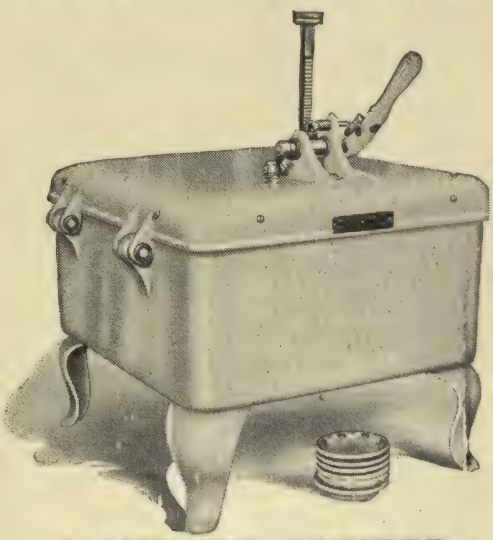
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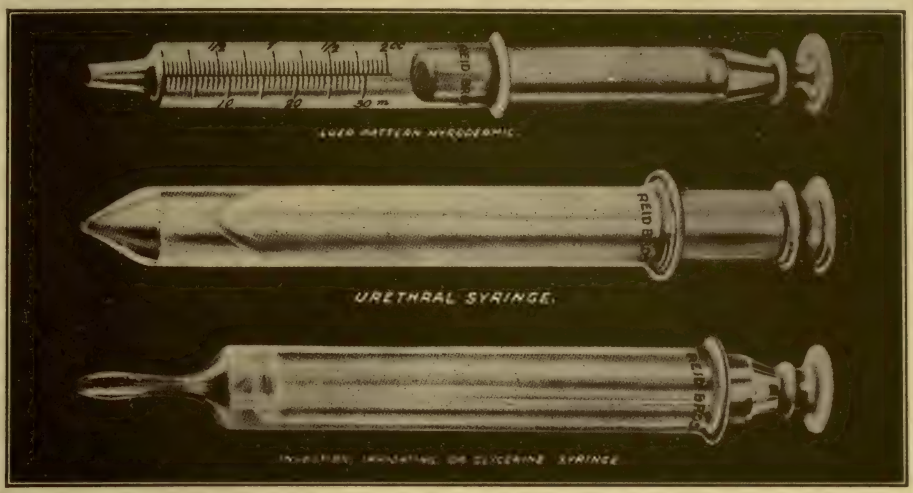
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Vol. XVI Toronto, October, 1919 No. 4

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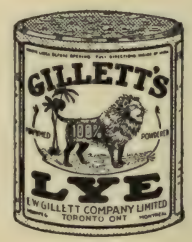


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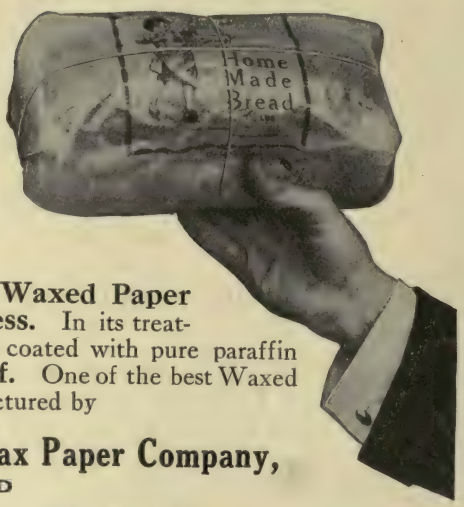
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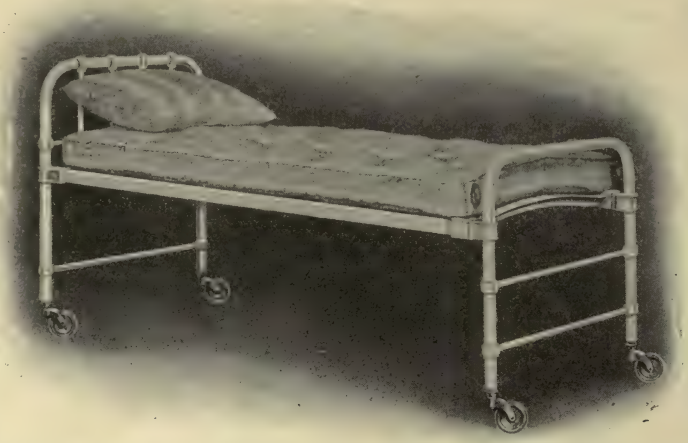
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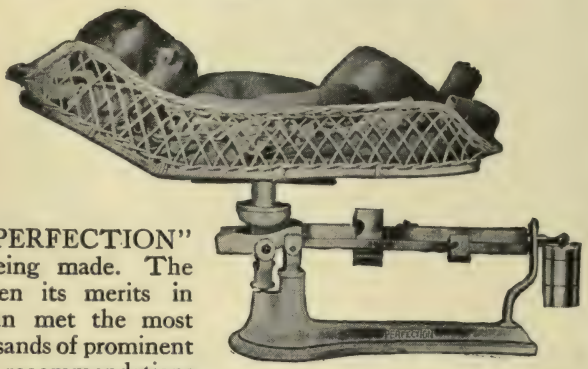
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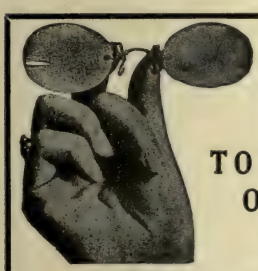


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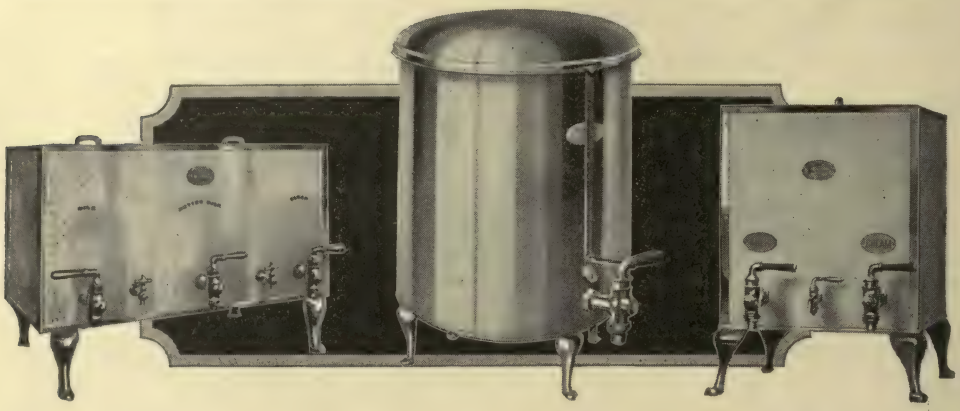
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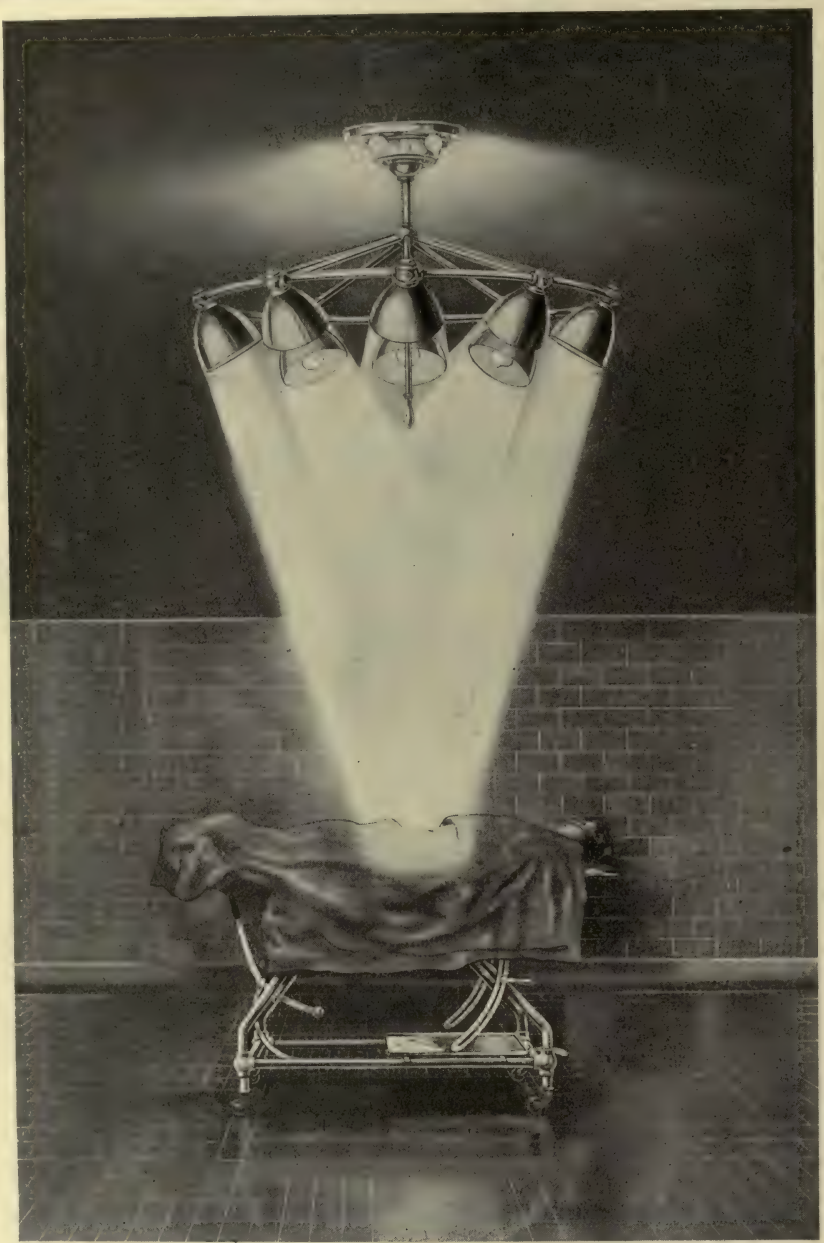
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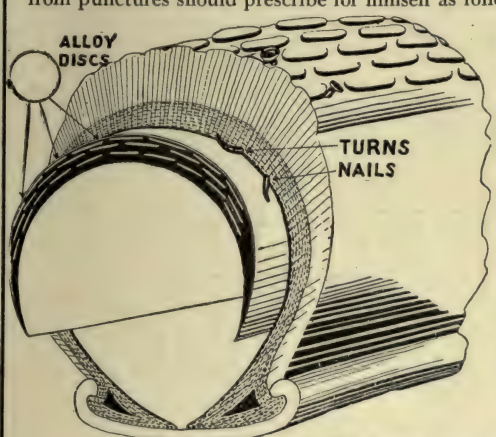


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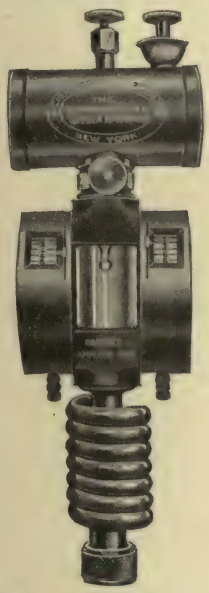
DOMINION BRAND

In this Brand not only are the vegetables used the finest that can be bought, but they are put up under the most strictly hygienic conditions.

Dominion Canners Limited

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Connell
GAS OXYGEN APPARATUS

Accurate—Strong—Economical

The Connell Gas Oxygen Machine employs a metric measure of the gases. It is very accurate—"meter accurate"—in its dosage.

The anesthetist has but to look at one spot—a radius of approximately two inches—to determine the rate of gas flow and ether drops. The spiral coil thoroughly vaporizes the ether and the lamp is safe under all conditions, even the improbable one of carelessness.

Two sets of tanks enable the operator to quickly turn on one control valve without losing time necessary to shut off the other. All in all, the Connell is a machine into which modern practice, thoroughness and convenience has been built.

Write for Booklet "Scientific Anesthesia."

"The Meter tells the story"

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Sustaining, Invigorating, Partially Predigested

Borden's Malted Milk offers the tissue-building and invigorating nutrition of clean, wholesome milk and sustaining cereals in a partially predigested form.

These invaluable ingredients are combined by an exclusive process of preparation whereby malt ferments acting on the proteins convert them to partial peptones.

This partial predigestion makes Borden's Malted Milk unequalled as a tonic-food for convalescents, dyspeptics and aged people. It supplies maximum nourishment with a minimum strain on the gastro-intestinal tract.

Samples, analysis and literature on request.

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Borden's
THE IMPROVED
MALTED MILK

There Must Be No Dust In Our Hospitals

GERM-LADEN dust carries too many dangers to the ill to be permitted in hospital or sick room. Dust must be prevented.

STANDARD Floor Dressing

Imperial Standard Floor Dressing effectively controls dust and keeps it to the floor so that it can be swept up and carried out of the room forever—***Dust cannot rise*** from floors treated with it.

Imperial Standard Floor Dressing preserves the surface of wood, linoleum and oilcloth. One treatment will last for three or four months. A gallon will cover 500 to 700 square feet of floor surface. It will not evaporate or gum up.

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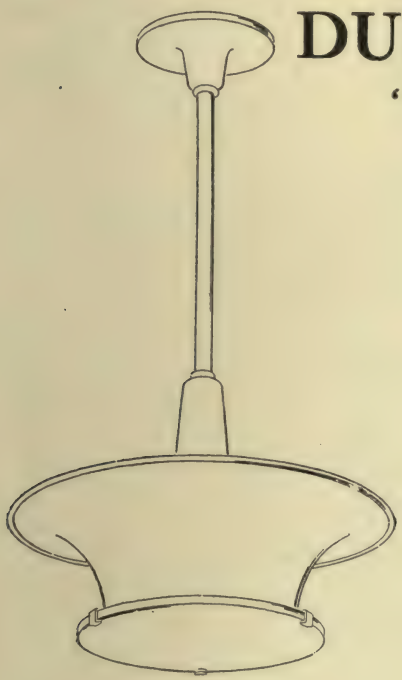
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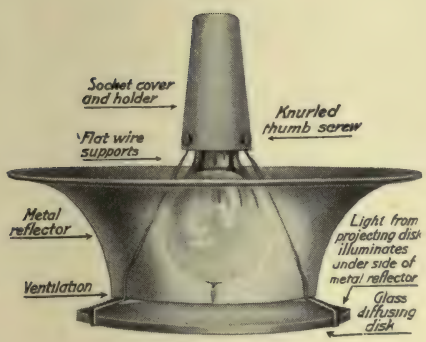
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The DUPLEXALITE is a scientifically designed lighting instrument, based upon the proven fundamental requirements of good lighting.

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Wherever you live or work, your contentment and that of those about you depends to a very large extent upon how clearly and comfortably you see.



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DESCRIPTION OF DOLL.—Over 5 feet tall, made of finely woven stockinet. Is durable, waterproof and sanitary. Has copper Reservoir which has three tubes leading into it, corresponding in location and size to the urethra, vaginal and rectal passages.

No Hospital Training School complete without

The Chase Hospital Doll

Adult size, also infant models, 2, 4 and 12 months, and 4-year-old sizes

Chase dolls are well made of cloth, jointed, and painted with waterproof paint, with internal reservoirs.

The Value

of this substitute of a living model is found in the many practical lessons which can be taught in the class room, such as handling of patients, administering enema, douching, probing in the ear and nose cavities—in short, the complete care of the patient.



We make dolls without reservoir if desired. Send for illustrated booklet giving full particulars.

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22 Park Place, Pawtucket, R.I.

Sine Qua Non for Tubercular Sanatoria



Our No. 5 COVERED SPUTUM CUP eliminates every objection to the unpleasant work of collecting unsightly containers and cleansing soiled Tin Holders. This Cup has a perfect locking device which secures the cover and prevents it being removed. As soon as used, **the entire Cup and contents can be burned,** so that it is sanitary in every sense of the word. This is the Cup that has been adopted by most of the Canadian Military Hospitals.

Attractive Prices on Application.

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HUMIDIFIER
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DESCRIPTION

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To eliminate all danger from rust, we have used galvanized iron in making the pan and frame-work. This is painted with non-rust aluminum paint, which gives it a neat and clean appearance.

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The hooks by which the pan is attached to radiator are strong and hold the pan constantly in the position desired. These hooks are adjustable and may be folded against the back of the stone when not in use, and will fit any radiator.

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This surface is made of ground stone and charcoal and forms an evaporating surface for the moisture held in the pan. The water that is held in the pan is gradually passed off as needed into the room.

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The center funnel is so arranged that the pan may be easily filled without the necessity of removing the device from the radiator. The pan is large enough to hold a sufficient amount of water, so that it is not necessary to be constantly filling it.

A Humidifier should be on each radiator in every hospital ward

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McCrimmon's
Disinfectant and Deodorant

McCrimmon's Disinfectant is a Powerful, Odorless Germicide that removes all obnoxious odors in a few moments. It keeps the sick room fresh and sweet. It is easily and quickly applied with a spray and leaves no messy residue.

McCrimmon's—The Odorless Disinfectant that Deodorizes.
McCrimmon's—The Fluid Deodorant that Disinfects.

COMPOUNDED SOLELY BY

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A Faultless Food

Proved by the fact that in very severe cases of digestive trouble where even milk fails, JUNKET can be taken and digested.

Junket
MADE *with* MILK

Used in practically every hospital and sanitarium the world over. An ideal sick room diet in almost all cases.

Easily made either with "Junket Tablets" or "Prepared Junket," already sweetened and flavored (Nesnah.)



Send for treatise "Junket in Dietetics" and free samples of Junket Tablets.

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NO INSTITUTION SHOULD BE WITHOUT A
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It is indispensable in a Hospital, being the most sanitary receptacle on the market for dressings, soiled bandages, etc. Surgeons should notice that the cover is raised by foot pressure leaving both hands free.

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THERMOGENE
CURATIVE WADDING
(VANDENBROECK'S PROCESS)

Messy Plasters are a thing of the past



This clean, sanitary wadding gives instant relief, for it GENERATES HEAT quickly—surely. Always ready for use—it is the most convenient and effective curative for ills caused by cold. Use Thermogene in place of the slow, messy, cumbersome poultices and plasters in all cases of grippe, bronchitis, laryngitis and kindred affections. Prescribed by prominent physicians everywhere.

Made according to the formula of the Belgian chemist, Vandenbroeck, by the Thermogene Co. Limited, Hayward's Heath, England.

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CHOCOLATE, MILK AND SUGAR IN POWDER FORM, SCIENTIFICALLY COMBINED. MADE IN A MINUTE BY THE ADDITION OF BOILING WATER ONLY

A DIGESTIBLE FOOD BEVERAGE OF VERY HIGH NUTRITIVE VALUE

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Plumbing Appliances

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Our Stock is the Largest and most complete of any in Canada, and we are prepared at all times to furnish specially designed Fixtures to meet all requirements.

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to the Medical Profession

We wish to announce that "Ovaltine" is now obtainable in Canada. You have no doubt heard of "Ovaltine" before, as its widespread reputation and general use throughout Great Britain and Europe has made it well known to many Canadian doctors.

"Ovaltine" is a British Product.

During the war "Ovaltine" was extensively used in a large number of the Allied Red Cross and Base Hospitals. The British Prisoners of War Association officially recognized its value, insomuch that all food parcels sent by them to the Invalid Prisoners of War contained a tin of "Ovaltine".

OVALTINE

Made of malt extract, milk and eggs and flavored with cocoa, it contains all the essential food elements in the correct nutritive ratio. By a special process the diastase of the malt and the vitamine constituents of the several components are preserved.

Made of
MALT
MILK
EGGS
COCOA
and Nothing Else

ANALYSIS OF OVALTINE

Protein	14·2%
Fat	8·01%
Soluble Carbohydrates	69.7%
Insoluble "	None
Organic Phosphorus (P_2O_5)	1·18%

For patients after or during influenza, for all cases of malnutrition, after fever or operation, or where the digestive functions are unequal to the nutritive demands "OVALTINE" will solve your dietary problems.

A delicious, easily assimilated food-drink that powerfully re-inforces the diet without throwing a strain upon the digestive organs.

"Ovaltine" pleases the physician by the splendid results it gives; the nurse by the ease of preparation; the patient by the delightful flavor of the blended malt and cocoa.

Test "Ovaltine" at our expense. Send us your name and we will mail you a supply.

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It isn't the weather—it's your insides



Grouchy, morose, miserable, blue, bilious, dead-to-the-world?

It isn't the weather. It's your insides. You are constipated. Your system isn't eliminating. You are dulling your nerves and filling your system with poisons that ought not to be there.

Get the habit of being healthy—full of snap and pep and vim. Make life worth while for yourself and your friends.

Eat a little Kellogg's Krumbled Bran every day. It is ready to eat. You don't have to wait till baking day. Eat it every morning with your breakfast—by itself as a cereal, or add a third as much to any cereal.

You'll enjoy its *flavor*—something new in bran. You'll find that Kellogg's Krumbled Bran is a *food* that encourages nature to do its duty by you.

Kellogg's KRUMBLED BRAN for Better Health

Buy Kellogg's Krumbled Bran of your grocer. It is in the red and green package like that of Kellogg's Toasted Corn Flakes, and each package bears this signature—

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KELLOGG TOASTED CORN FLAKE CO.

Battle Creek, Michigan
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VORTEX CUP

has received the unanimous endorsement of the

MEDICAL PROFESSION



Because it is **absolutely sanitary.** It **prevents the dissemination of disease** that is all too prevalent, particularly in public drinking places, restaurants, cafes, etc. Health Officers now rightly condemn the old-fashioned public drinking cup and will not permit its use, where known. With the VORTEX SERVICE, a fresh cup is used each time. These cups are odorless, have no paraffin coating inside and cost but a trifle per hundred. The VORTEX SERVICE **should be installed in every hospital in Canada,** not only for the above reasons, but because it eliminates breakage and the use of borax, soap, washing compound, towels and time.



Physicians will consult the interests of their patients by urging them to give preference to those cafes and restaurants that have their places so equipped.

Full information and prices on request

Canadian Wm. A. Rogers Limited
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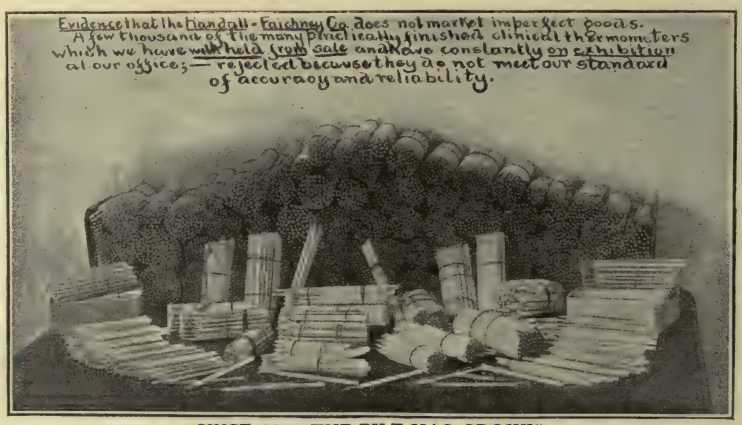
RANFAC PRODUCTS

Clinical Thermometer Safety

We never permit useless (hence dangerous) Clinical Thermometers to find market where we can prevent

THE only useful Clinical Thermometer is one that *is right and will stay right* in service. Otherwise it is worse than useless because deceptive, misleading and a source of danger.

The reputation of Ranfac Products has been paid for by a consistent refusal to gain by traffic in doubtful values. Witness: this photograph, published in 1907, representing some of our losses to that date, due to the Ranfac policy of proving that we do not market doubtful thermometers, *by showing them on hand* with records to correspond.



SINCE 1907 THE PILE HAS GROWN

WE COULD HAVE SOLD two or three hundred thousand of these spurious thermometers in the confusion of the war period had we not preferred to have *clean hands* as befits the character of our business.

That such goods did find market is proved by reports of the French Government and offerings to the U. S. Medical Supply departments. What we wish is, to make such traffic impossible. Fortunately, eyes are being opened and official aid is at hand.

REPORTS OF EXAMINATIONS of Clinical Thermometers by the Commissioner of Standards of Massachusetts just made show from 0% to 79% rejections of unfit and dangerous instruments and an average of over 30% of all tested.

The absurdity of buying 100 instruments to obtain 70 good ones does not appeal to the Commissioner, and in Massachusetts, at least, there will be less gambling of this sort hereafter. It will need your help to prevent the dumping of the same questionable goods elsewhere.

There is comfort, of course, in the knowledge that for over twenty years the Ranfac standard has been a scientific standard whose value is revealed by official examination. We hope eventually to see all other manufacturers upon the same platform.

HARVARD Clinicals are our pride and are favorites with the profession. We guarantee them to be accurate and reliable while unbroken.

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Thermometer Makers Since 1888

JAMAICA PLAIN, BOSTON, MASS.

ANTIDOLORIN ethyl chloride U.S.P. in convenient sizes, automatic glass containers, for local or general anaesthesia.

CHLOROFORM for anaesthesia, highest grade, in 1-lb. bottles.

ETHER "pronarcosi" ¼, ½, 1, 5, 10-lb. tins.

All these anaesthetics are being used in the leading hospitals in Canada, including the Toronto General Hospital.

Analysed and tested by experts and found to be excellent.

Manufactured by The Franco-American Chemical Works, Carlstadt, N.J., U.S.A

Supplied through your dealer, or direct from

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The Sanitary Varnish

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You Can Scrub Univernish With Boiling Water

It will stand that kind of cleaning without turning white or in any way changing its bright lustrous appearance

We welcome inquiries and would be glad to give fuller details regarding UNIVERNISH

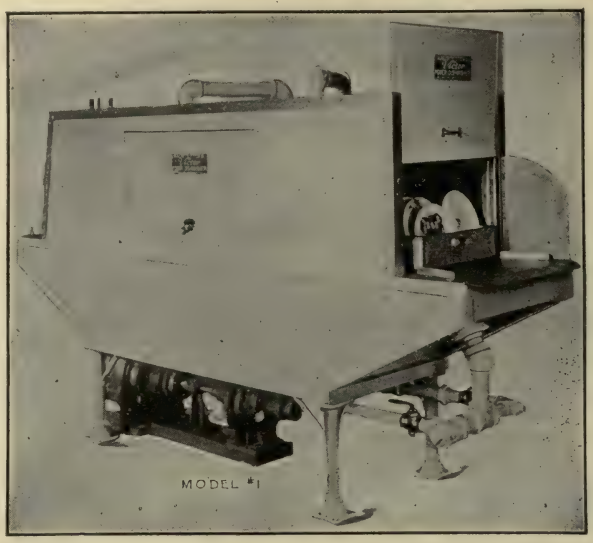
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HAUSTETTER Victor

Dish Washing Machine

The Perfect Dish Washer, made in Four Sizes

"IT STERILIZES THE DISHES"

Washes, rinses, and sterilizes thoroughly—cleans more china than any other machine without breaking or chipping—any size or shape of dish is washed inside and out—hollow silverware is cleansed thoroughly—requires less labor, less soap and less water—no wet dishes to handle as they come out of the machine—dishes can remain in the dish racks or be removed at will. It is durably built and trouble proof. Any unskilled help can operate it. One person can operate. One handling of dishes.

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TO RELIEVE

Nervous Pains and Aches of Menstruation

Premenstrual Pains

Inter-Menstrual Pains

Pain in Amenorrhoea and Dismenorrhoea

Prescribe

Gelineau's Dragees

One twice a day or, in severe cases, two twice a day, for the four days preceding the date for menstruation.

Sole Distributors for Canada

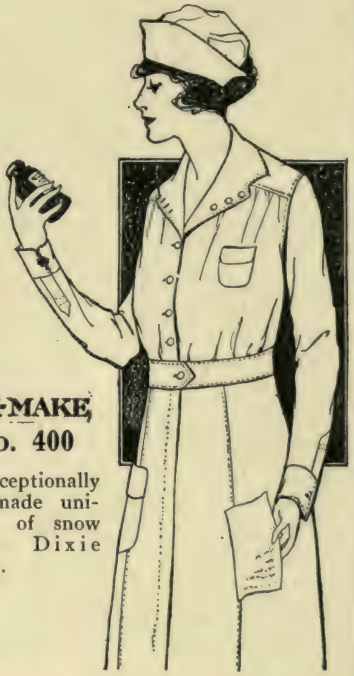
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Standard for Homes, Hospitals and Institutions

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Exceptionally well-made uniform of snow white Dixie Cloth.

DIX-MAKE UNIFORMS

Not only the perfection of the uniform itself, but the perfect conditions under which it is made, account for the superiority of Dix-make uniforms.

This quality attained by the selection of the best materials and the skilled workmanship of interested employees has met with the official recognition and approval of the War Department at Washington and for 23 years has been tested and appreciated by particular nurses.

Look for the Dix-make label. It represents quality.

For sale at the leading department stores.

Catalogue EE sent upon request, together with list of dealers.

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DIX BUILDING New York, U.S.A.



The Particular Attention of PHYSICIANS, HOSPITALS and NURSES is called to

The Jewel Bath Outfit

It is ideal for use in the sick-room, as it can be set up in any room in the house and takes very little space when not in use. No system of waterworks is needed, no expensive plumbing or other expensive installation. The heaters used are the New Perfection Coal Oil Burners or Gas. The tub is of regular Standard size (5½ feet) and the materials used are the best.

Physicians will find the JEWEL BATH OUTFIT invaluable and nothing could be more suitable for a hospital.

The Medical Profession is invited to call at our show-rooms and see this equipment. It will more than repay them.

The Jewel Specialty Mfg. Co.
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Richmond and Church Streets Toronto

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Established 1866

Medical Obstetrical Orthopedic Neurological Surgical Reconstructive

EDUCATIONAL DEPARTMENTS

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Students received on favorable terms

Registered trained nurses, dietitians and physical directors supplied

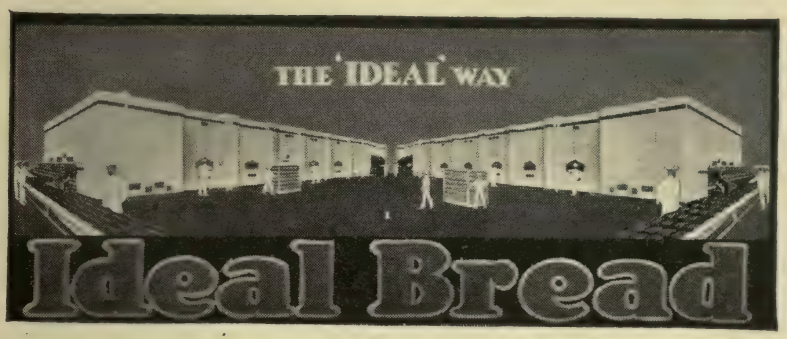


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Battle Creek Box 179 Michigan

Purity, Cleanliness
Quality, Service



IT is with justifiable pride that we announce to the readers of THE HOSPITAL WORLD that every one of our products are manufactured under "Ideal" conditions.

Our bakery is **one of the most sanitary in the world,** being equipped throughout with automatic machinery, unusually well lit, splendidly ventilated and scrupulously clean. Our bread is **manufactured of the finest ingredients** that can be purchased, our maxim being "Quality First."

As soon as our new building is completed within the next few weeks, we will be in a position to supply our customers with **wrapped bread,** each loaf being delivered without coming into contact with the human hand until the wrapper is removed. In introducing this, we feel that THE IDEAL BAKERY will be in the forefront of such establishments.

Physicians will appreciate these facts and can confidently recommend our products to their patients.

Ideal Bread Company, Limited

One of the most progressive baking firms in the Dominion

183-193 DOVERCOURT ROAD, TORONTO

IMPORTANT ANNOUNCEMENT

WE ARE TAKING THIS MEANS to advise the trade in general that a competing concern of New York has, after a long period of threats, brought suit against a user of a Refinite Water Softener, alleging infringement on patent rights claimed by that company. The Harvey Laundry Company of Buffalo, N.Y., which is now, and for the last two years has been, using a Refinite Water Softener, is the defendant named.

We wish to announce that this court action is welcomed by us, as manufacturers of the Refinite Water Softener, and that this matter is being handled BY THE REFINITE COMPANY, through our general counsel, our special patent attorneys and by local counsel at Buffalo.

In accordance with our guarantee to the Harvey Laundry Company. and to all other purchasers of REFINITE Water Softeners, *not one dollar in expense or one minute of trouble or annoyance will be placed upon them.* We have no fear of the outcome of this suit, as we have had the most careful investigation of all patent matters made by the highest authorities.

We promise you that this suit will be pushed to the earliest possible conclusion, and in the meantime are assuring you that we are doing business as usual and when desired by our patrons, furnishing in addition to our own guarantee a surety bond against infringement damages.

REFINITE
Nature's Wate Softener

Our financial standing is ample to protect you. We are glad to refer you in this connection to any Omaha bank, or the mercantile agency of R. G. Dun & Company, or the Bradstreet Company.

Our division engineers nearest your locality are at your Service, without expense, and *Refinite* Water Softeners are still furnishing water of no hardness at a min mum expense.

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SALT LAKE CITY SAN FRANCISCO LOS ANGELES
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The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums, and Public Charitable Institutions throughout the British Empire.

Vol. XVI. TORONTO, OCTOBER, 1919 No. 4

Editorials

THE BRITISH COLUMBIA HOSPITAL ASSOCIATION

THE second Annual Convention of this organization was held this year in Victoria, the capital city of the Province. Its sessions extended over the three days of July 8th to 10th, and were attended by nearly one hundred delegates, some coming from points as far north as Prince Rupert and Hazelton, and from as far east as Merritt and Kamloops.

For its meetings the management of the Empress Hotel of the Canadian Pacific Railway generously donated their magnificent ball-room and parlors for the whole three days of the convention. A part of each day, usually in the afternoon, was given up to recreation. Entertainment was provided in the form of a motor ride, under the auspices of the Rotary Club, to some of the many beautiful points in and about the city. Sir Frank and Lady Barnard enter-

tained the delegates on the exceedingly beautiful lawns and gardens of the Lieutenant-Governor's residence. Both the Royal Jubilee and St. Joseph's Hospitals also tendered receptions to the delegates and their friends.

Hospital work falls naturally into classification under three heads, viz.: Nursing, Business and Medical, the last named including all pertaining to treatment and relations of attending staff. The Association decided that in future its activities should, as far as possible, be carried on under the direction of committees whose work should be subdivided under these three main headings. Thus, a permanent standardization committee in this form was appointed to gather data and prepare recommendations for adoption by the Association. Also, for its next Convention, which will be of three days' duration, one day will be devoted to consideration of topics under each of these subdivisions, and in preparation for that a programme committee with conveners of each subdivision is already at work.

The programme of the Convention just closed was a varied one. The opening session was addressed by the Lieutenant-Governor of British Columbia, Sir Frank S. Barnard. Further addresses of welcome were given by Hon. J. D. McLean, Provincial Secretary; Mayor Porter, of Victoria, and by Mr. R. S. Day, President of the Board of Directors of the Royal Jubilee Hospital, of Victoria. On behalf of the Association Mr. Chas. Graham, of Cumberland Hospital, replied to the address of welcome.

The remainder of the opening session was taken up with addresses of greeting by Miss Flaws, President of the Canadian National Association of Nurse Education, and by Miss Gunn, of Toronto, President of the Canadian Association of Trained Nurses; a very interesting and broadminded address on "The Ministry of Healing," by Rev. Father O'Boyle, Director of Catholic Hospitals of B.C.; and the President's address, by Dr. M. T. McEachern, of the Vancouver General Hospital, on "The Hospital of Today."

Miss Flaws referred in complimentary terms to the fact that the British Columbia nursing profession could point to three features in which they take a position in advance of the other Provinces, viz.: (1) In the adoption by some hospitals of shorter hours for nurses; (2) in having a Nurses' Registration Bill in force, and (3) in having a course laid down for proceeding to a degree in the Provincial University. The University course consists of a two years' lecture course to follow high school matriculation, which it is considered will very satisfactorily fill in the period between school years and the time when the candidate will be old enough to enter on her three-year course of practical training. This course, it is felt, will tend to qualify especially for positions in training schools and for other executive work. Candidates not desiring to take this more prolonged course can take the usual training course, and would naturally gravitate into the usual private nursing work.

Some matters of vital importance to every citizen of the Province were brought into the limelight under the subject of " A New Basis of Hospital Financing." This subject was introduced to the Convention by means of two very carefully prepared papers by Mr. J. J. Banfield and Mr. Robert S. Day, chairmen respectively of the Boards of Directors of the Vancouver General Hospital and the Royal Jubilee Hospital of Victoria. Their schemes were essentially the same, viz., that the public, through its Government, should be the ultimate financial sponsor for the hospitals. In a very lucid way it was shown that our governments accept responsibility for full care of insane patients, also, full precautions are taken by governments (even to the point of bodily detention of those having been exposed to contagious diseases) to safeguard the health of the public, and for the prevention of the spread of disease in every way possible. And further, under our Workmen's Compensation Act, the Government sees to it that in certain specified occupations, and when injured during employment at such occupations, employees shall have the best and fullest treatment obtainable, regardless of expense. The weak link in the chain of maintaining the health of the people at its maximum of possibility lies in the fact that the Government recognizes its full responsibility to care for the health of its people under certain conditions, and refuses to admit equal responsibility in certain other conditions. It accepts full responsibility for the prevention of spread of contagion, for the enforcement

of sanitary regulations, for the care of the insane, and for restoration to the fullest possible measure of health and efficiency of employees in certain occupations when ill from certain specified causes, but it admits only partial responsibility for any other of our civilians when disabled from any cause whatsoever.

The only logical conclusion is that it becomes the function of our Government to place within reach of every one of its people adequate facilities for restoration to health, no matter what may have been the cause of their disability.

The writers of both papers took the ground that the funds necessary to provide such means for restoration to health should be contributed in an equitable manner *pro rata* by every man and woman during their earning period of life, *e.g.* from eighteen to sixty. By carefully prepared estimates it was shown that a contribution of $6 per annum from such persons would be sufficient to accomplish this object.

These papers elicited a spirited discussion through which it was shown that as an outgrowth from this scheme to supply free hospital accommodation and treatment for all, there would immediately follow a question, "If free hospitals, why not also free medical and surgical treatment, just as has been and is being done for our soldiers?" This, of course, brings the medical profession into discussion. As an outcome of the whole matter, a representative committee of the Association was ordered to send

copies of these papers to representative organizations of the medical and nursing professions in the Province, and after obtaining their views, submit them, with their own report, to the executive committee of the Association not later than November 1st next. Following that the executive committee is instructed to prepare a recommendation to the Provincial Government with request for action on their part to place the whole hospital situation in the Province upon a more satisfactory and equitable basis.

EDITORIAL EXPANSION*

DR. A. K. HAYWOOD is Superintendent of Montreal General Hospital; he served some years before the war as Dr. Clarke's assistant at the Toronto "General"; prior to that he served on the staff of the Pittsburg Tuberculosis Sanitarium with the eminent Dr. White, an old Woodstock boy. Dr. Haywood served as an interne in the Toronto General Hospital during the *regîme* of Dr. J. N. E. Brown. On the outbreak of the war he joined up, attained rank of captain and obtained a military medal—a fine record for so young a man. We are pleased to have a veteran on our staff of collaborators.

Dr. J. R. Byers, Superintendent of the Laurentian Sanitarium, stands among the leaders in tuberculosis work—close to the top. He is greatly interested just now in military vocational training, and we hope to hear about his work during the coming year.

*Continued from September issue.

Dr. W. H. Hattie is in charge of Public Health matters in Nova Scotia. He served as Superintendent of the Nova Scotia Hospital for Insane at Dartmouth. Prior to that he was in general practice and took a special interest in the Halifax Medical Society and likewise in the Canadian Medical Association. Dr. Hattie is one of Canada's big men, and he writes fine papers, samples of which we are expecting from him.

Dr. David A. Stewart is Superintendent of Ninette Sanitarium, the only one in Manitoba. He is responsible for its existence. Dr. Stewart is recognized as a top-notcher—if not the top-notcher in tuberculosis work in Canada. He is an old newspaper man, and contributes not only informative articles on his specialty, but very readable as well.

Dr. " Tommy " Whitelaw, as the writer used to know him, has made abundantly good. Born and reared in Guelph, of an old Presbyterian family, brought up on the traditional porridge and Shorter Catechism, a distinguished graduate of Toronto University, both in arts and medicine, no wonder when he " struck West " he continued to grow amid its stimulating atmosphere and environment. He also writes a splendid paper, and has a very live interest in hospital work (especially that of isolation hospitals), public health work and general medicine as well, for in his early days he had a turn, like most of us, in family practice.

As to Dr. Horace Wrinch, we need only refer to the leading editorial in this issue to see that he is

most keenly interested in hospital development. He graduated from " Trinity," Toronto, in the nineties; was a house surgeon at St. Michael's Hospital, Toronto, and, like Dr. Whitelaw, was lured to the Far West. The Hazelton Hospital, almost in the shadow of the mountains, is a fine monument of his endeavor. We are glad to have his assistance.

Since its inception, this journal has been indebted constantly to Mr. Conrad Thies for hospital reports of the British Hospitals' Association and for special articles. *Mr. Thies was for many years secretary of the Royal Free Hospital, London, England. During a great part of this period our former Governor-General, Lord Dufferin, was president of Mr. Thies' Board of Trustees. It was this London Hospital which inaugurated a Women's Medical School, and Mr. Thies warmly supported the establishment and maintenance of it. Mr. Thies is quite familiar with the Continental hospitals and has crossed the Atlantic several times and personally inspected a goodly number of our Canadian and American hospitals. He has been one of the chief contributors to *The Hospital*, the leading British hospital periodical. We are honored in having Mr. Thies' name on our editorial page.

Of Dr. Christian Holmes, of Cincinnati, it is scarcely necessary to speak. The great General Hospital of Cincinnati is his. Time and money he has spent lavishly for this wonderful institution. Many visits to Europe and to the leading hospital centres of America he has made, and collected data in almost

*It is with great regret that we have just learned that, through ill health, Mr. Thies has had to resign his office.

unlimited amounts. He has incorporated all the best points gathered in the Cincinnati General, and fortunate is he who, like the writer, has had the privilege of being shown through this complete, mammoth, modern hospital by the courteous and enthusiastic Dr. Holmes. Dr. Holmes has a private hospital of his own wherein he practises his specialty—ear, nose and throat. Dr. Holmes also has written much about hospital construction. We are proud to have Dr. Holmes' name adorn our editorial page.

Dr. Donald MacKintosh, M.V.O., is Scotland's leading hospital authority. He is Superintendent of the Western Infirmary, Glasgow, one of the best and most economically managed hospitals in the Old Land. Dr. MacKintosh has published a book on hospital construction and equipment, a very valuable work on the subject, embodying the mature results of Dr. MacKintosh's observation, study and experience. Just what Dr. MacKintosh did in connection with the Great War to merit the honor conferred, we have not learned. Dr. MacKintosh's fine paper on medical insurance in Germany and Great Britain appeared in our columns several years ago. We hope to publish more of his valuable contributions on hospital work.

The writer of these notes has not data concerning the work of the other members of the editorial staff, but feels sure they are all enthusiastic hospital workers and willing and competent to communicate. He cannot, therefore, conclude better than by saying to each personally and fraternally: "Begin you."

The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums and Public Charitable Institutions throughout the British Empire

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Society Reports

THE BRITISH COLUMBIA HOSPITAL ASSOCIATION

We are in receipt of the verbatim report of the proceedings of the first annual convention of the Hospitals of British Columbia. A note of the correspondent says, "There never was a greater national need for such a meeting." A pointer for the officiary of the sleeping Canadian Hospital Association. The objects of the British Columbia Association are to promote hospital efficiency, to help each other with struggling problems; and to co-operate in the effort to promote hospital development. The report says, "These objectives were accomplished, and one of the most successful conventions ever assembled was the result. All attending the meeting were much profited and greatly pleased." As a result of this splendid meeting the Alberta hospitals decided to organize. We expect the movement will move eastward—Saskatchewan, Manitoba, Quebec and the Maritimes. What about Ontario and the National? Brethren, awake. The proceedings fill 127 pages and contain several fine photographs of the officers (separately), and a fine group photo of everyone present—a fine, upstanding, alert, lot of intelligent men and women (probably 100), from all parts of our young Pacific province. Trustees are markedly in evidence; and they spoke up. The Board of Directors of the Vancouver Hospital gave a hearty address of welcome. Rev. H. G. King read Ecclesiastes xxxviii, 1-14 (which is worth re-reading), and offered the prayer for nurses, found in the manual of the Guild of St. Barnabas (also worth noting and using). President MacEachern welcomed the workers, lay and professional, Catholic and Protestant. He emphasized the value of the "get-together" idea and predicted that they would carry back to their several spheres a greater fund of enthusiasm than ever for hospital work. Their work consisted not only in caring for the sick, but in training doctors and nurses, in extending medical knowledge, and in preventing disease. The hospital should be a

health centre. Every in-hospital patient was a non-producer. His work must be carried on by someone else, and he requires the services of a doctor and at least someone to look after him. Affecting then the producing capacity of four people at least, it is the bounden duty of the hospital to restore him to health as soon as possible.

Hospitals demand specially trained administrators who will perform their duties efficiently and economically. Waste is not always found in the garbage can. Time is wasted when the superintendent cannot give his trustees a comprehensive idea of the work done and the unit of cost at any time. The time of the attending doctors is wasted when they are not provided with facilities for carrying on their work, and the patients' time is wasted when they cannot secure the advantage of such facilities. Nurses' time is wasted when not given definite set standard ways of doing things, and by employing them to do work which can be done by an ordinary person. Money is wasted when useless articles of equipment are purchased. Money, time and energy are wasted by employing inexperienced persons in responsible positions. Money is wasted when convalescent patients are kept in beds which should be occupied by patients who are acutely ill.

Dr. A. G. Munro, Major C.A.M.C., Director of the Vancouver General Hospital, read a paper on "The Hospital—Past, Present and Future." We need go back in retrospect more than two decades to recall how fearsome a place was the average hospital—the place of last resort for the severe medical or surgical case and of the homeless vagrant; eschewed by the expectant mother, and by parents whose child required, perhaps, merely a tonsillotomy. The facilities too often were poor, not so good as those of a well-appointed home. It was not uncommon in Vancouver, no longer than fifteen years ago, to see major operations performed in the home. As for the minor only, it is only within the past five years the performance of them has been transferred to the hospital. The factors which have wrought the change in public opinion have been improved accommodation and equipment; improved dietary; better nursing with its specialization of service; advance in medical science and surgical skill; better laboratory facilities; the X-ray department; and all the necessary facilities for es-

tablishing a correct diagnosis and for treatment. It is now only in hospitals where such specific forms of treatment as hydro-therapy, thermotherapy, mechano-therapy, and the like, can be carried out. No hospital, however well equipped, can do its best work unless there is an atmosphere of service mingling with a spirit of kindliness and sympathy pervading the institution. The future of the public hospital and the place it will occupy in the esteem of the community will depend largely on the quality of service it renders. Dr. Munro says the system under which the public hospitals of British Columbia are conducted is better than the system by pure municipal or civic control. A closer supervision by the State, however, will undoubtedly lead to a higher standard of efficiency. Since the outbreak of the war the State has assumed control of many vital necessities. What will be the effect of such a trend of affairs on our hospitals? A beneficent socialism that would provide, at the expense of the State, for the care of the sick and injured, is as yet Utopian, but the trend of events is along this line. In Great Britain, every worker receiving less than a certain minimum wage, is now cared for, under the provisions of the Medical Insurance Act, by a systematic organized public service. The day is not far distant when all but the minor and most trifling ailments will be cared for in the public hospital. The saving in time and cost will be immense. Concluding, the essayist urged the need of higher ideals, a broader service and an earnest effort to measure up to all requirements of the future.

Dr. Riggs, in discussing the papers of Dr. McEachern and Dr. Munro, said he had little difficulty nowadays in getting his patients to go to the hospital. In future hospitals may come under state supervision. The hospital must be more than a boarding-house. It exists for the public and, therefore, should possess every modern facility for diagnosis and treatment.

Dr. Horace Wrinch was struck by the tying of the public more closely to the hospital in its ownership, and if this thought permeates the management and the public is given to realize that the institution is theirs, in the sense that certain other public utilities are, it will share the responsibilities with the few worthy, disinterested people who are now carrying more than they should.

Mr. Grimmett, speaking as a layman, agreed that the public must more and more assume the responsibility of supporting the hospital, but it looked to the medical profession to "blaze the trail."

Dr. W. A. Whitelaw, radiographer to the Vancouver General Hospital, read a paper on "The X-ray department." The X-ray outfit is a necessary part of the equipment of every hospital. The two great advances in X-ray work during the past fifteen years have been the introduction of the Interrupterless Transformer and the Coolidge Tube—making the work simple and more accurate. Plate work, fluoroscopy and treatment comprise the work in the department. It is used in fracture of bones, localizing foreign bodies, spotting gall and kidney stones, locating pus in the brain and skull sinuses; detecting pulmonary and other tubercular infections, particularly in the early stage; and in gastro-intestinal lesions. By clinical findings, only some fifty-eight per cent. of cases of internal malignant conditions are properly diagnosed, whereas by the use of the X-ray ninety-eight per cent. are diagnosed; ninety-five per cent. of ulcer of the stomach and ninety to ninety-five per cent. ulcers of the duodenum. By a combination of both methods the percentage nears the 100 mark very closely.

Dr. Whitelaw recommended machines of any standard makes. But service in keeping it in good repair was very important. In a small institution, up to twenty-five-bed hospital, an outfit costing from $75 to $1,000 would answer. This would not do intestinal work or give heavy treatments or ray very stout patients. In hospitals from twenty-five to 100 beds, $2,000 would need to be expended. Hospitals of 100 beds and over would require a $4,000 outfit. Many plates are improperly exposed, equally as many destroyed in developing them. Much work is lessened much in value because the plates are not properly kept and records unnoted.

In the larger hospitals the radiographer—a medical man—requires assistants to operate machines, develop, keep records and help generally. In the Vancouver General the X-ray laboratory has paid its way.

In discussing Dr. Whitelaw's paper, Dr. Henderson pointed

out one of the hardships experienced by some medical men resulting from the procedure of some of their patients with fractures who, privately and independently, seek for pictures of the bones after healing had taken place, the result being not quite as satisfactory as might be desired. Sometimes these ex-patients raised trouble, when the surgeon was not at all to blame.

Dr. Riggs replying to Dr. Henderson maintained that the remedy for such a grievance was the installation of an up-to-date X-ray.

Dr. Whitelaw stated, in reply to a question, that he never showed a patient an X-ray of the plate unless at the request of the surgeon.

Dr. R. E. McKechnie, F.A.C.S., read a paper on "Hospital Standardization." Hospitals were originally custodial in character and included the indigent and aged, as well as the sick. The earliest on this continent were—the Courtez in Mexico, established 1524; Hotel Dieu, Montreal, 1639; Manhattan, New York, 1663. Later on they became educational; Guy's Hospital, London, was the first hospital to introduce clinical teaching, in 1723. Edinburgh followed in 1741; and Vienna in 1745.

Case taking was most important. Good records, if examined, would show who were the efficient members of the staff and who were not. Unfortunately clinical findings cannot be checked up in this country because of the few post mortems done. In Vienna General Hospital all patients who die are subjects for autopsy. Much may be learned from them. Dr. McKechnie laid great stress on the necessity of having hospitals well supplied with diagnostic equipment and facilities for treatment.

Sister Frances compared the crude nursing of thirty years ago in Vancouver with the refined methods of to-day. In those days nurses were often illiterate; now they are well educated.

The nurses of to-day, however, are not prepared for cottage or slum work, nor are they fit for travelling nurses.

Mr. Grimmett stated that on the death of every person there should be a post-mortem examination. To bring this about, the public must be educated by the physicians.

Dr. Riggs said that the public must be made to understand

that if they do not get proper treatment in the hospital it may be their own fault, because they have not taken any interest in the hospital; they have not seen that their hospital is up to the standard and utilizing all the scientific methods that can be used. It is hard to convince the public that the greatest asset to a community is the health of the individuals in that community. They will not part with public funds until forced to; yet these are absolutely needed to furnish hospitals and carry on their work. Governments, municipalities and city councils must supply the needed money. Everyone must realize that "no man liveth unto himself."

Dr. Wilkes emphasized the importance of careful case reports, and likewise of p.m.'s.

Major Gray, of New Westminster, and President of the Royal Columbian Hospital Board, presided at the next session.

Dr. Horace C. Wrinch, Superintendent of Hazleton Hospital, read a paper on "Problems of Outlying Hospitals." British Columbia, with its marvelous resources of forest, mine, and sea and its tremendous extent of territory (1,000,000 square miles), has only a population of 400,000, half of which is urban. The scattering of the population makes many welfare problems difficult of solution. The outlying hospital should be situated near a transportation line, and should bear the name of the district rather than the name of the village or town in which it is located. This will enable it to appeal for support more widely and will tend to lessen local petty jealousies. Possible changes in systems of transportation necessary to permanent development of resources should not be forgotten. Plenty of room should be insisted upon, in order to prevent the encroachment of undesirable neighbors, that there be nothing unpleasantly near, either by sight or sound, to jar the heightened sensibilities of patients whose vitality sometimes appears to hang in the balance, and that there may be room for beautiful and pleasant surroundings, amid which the patient may spend the time in the open air under shady trees or groves.

While the main structure of these remoter hospitals will probably be of frame, the foundations should be of concrete. The approach should be as near ideal as possible. The color line exists in British Columbia, so distinct accommodation should be made for colored patients. Unless this is done the

refined, wealthier citizens, whom the hospital should seek to serve, will not become patrons. So, a number of small wards is more desirable than two large wards. If possible, the nurses' residence should be in a separate building. Sewage should be disposed of by using a septic tank. Heating will depend somewhat on the class of fuel obtainable and the cost of installing the plant. Electricity makes the ideal lighting, and is within the reach of the smallest hospital. A careful engineer is necessary. By using a storage battery sufficient power can be provided for that portion of the day the man is off. The power plant may be used to saw wood, drive the laundry machinery, supply the X-ray machine, the electro-therapeutic appliances, as well as provide lighting.

The executive may have the work of the hospital done mainly under the following headings: Physicians, surgeons, bacteriologist, pathologist, rontgenologist, specialists for eye, ear, nose, throat, and electrotherapy, lecturers, house staff, dispenser, admitting officer, secretary-treasurer, employment bureau, purchasing agent, matron, nurses, orderlies, cooks, kitchen help, housekeeper, engineer, laundry, gardener, collector of funds and of accounts, etc. The smaller hospitals, of course, do not offer full time work along many of these lines. The income may only be sufficient to pay a staff of five, ten or more. If the hospital is near a large town, it may secure part time workers. So the chief executive must employ persons of as broad a capacity as possible, assigning each a number of allied duties. Getting laboratory work done is a great problem, as these small hospitals cannot afford to pay a laboratory man. In spite of all the difficulties, the small hospital must make its service so good as to disarm critics. Criticisms often emanate from some patient who has been treated free or partially so and wishes to escape paying his bill. To prevent this, every hospital should make every effort to obtain fair remuneration for services given.

No insuperable obstacle can be found to establishing and maintaining a needed outlying hospital, if the matter is properly presented to all persons concerned, and judiciously followed up by taking them fully into confidence and giving due emphasis to the principle that the hospital exists and is maintained purely for their good.

THE NATIONAL PROTESTANT HOSPITAL MEETING AT COLUMBUS, OHIO

Presented by Rev. F. C. English, D.D., Director of Survey.

The aim and working programme of this hospital meeting is to consider how we may promote the interests of our hospitals and secure funds for the following purposes:

1. To make our hospitals more efficient.
2. To assist new hospitals in needy centres.
3. To aid tubercular hospitals in favorable climes.
4. To provide hospitals for incurables.
5. To establish hospitals for the aged infirm.
6. To establish sanitariums.
7. To establish children's clinics.
8. To provide special dispensaries and clinics for treatment of venereal diseases.

I. Organization for Campaign.

An Executive Board formed by a pro rata representation of each denomination participating.

Personnel of Executive Board composed of men identified with hospitals and a few men who are not so identified.

An Executive Secretary to be selected by the General Committee.

Executive Secretary and Executive Board to co-operate with General Committee.

Hospital askings to comprise a definite section of Inter-Church World Movement.

II. Survey.

To determine askings of all the hospitals consider:

Debts on existing property.

Amount needed for new property, buildings and equipment.

Amount needed for Endowment.

Each hospital in making its own estimate is advised to ask the opinion and concurrence of a non-hospital committee

or organization, such as Chamber of Commerce, City Church Federation, or other body.

Final decision of amounts to be asked determined by the General Hospital Executive Board and the Inter-Church Executive Committee.

III. Publicity.

Publicity Committee to be selected by Inter-Church Movement. Strong, concerted propaganda through secular and Church press. Individual hospitals permitted to make appeals for funds to constituents.

IV. Financial Campaign.

Each institution to co-operate with the management of the General Inter-Church Campaign in raising funds.

Each institution to use its constituents in raising the amount of its asking.

Strength of appeal based on needs, which includes a tentative apportionment.

Hospitals may use the state lines, or other clearly defined divisional lines to mark their territory in appealing for funds.

V. Distribution of Funds.

All money raised for, or designated to, a particular institution, to go to such institution.

Churches of a different denomination may designate all or a part of their money to their patronized hospital.

It would be well to set apart a certain per cent. of all money raised to be used by the Executive Board in assisting in the establishment of new hospitals in needy and destitute centres, also, hospitals for incurables, tuberculosis and the aged infirm, in American and foreign communities.

VI. Some Governing Principles.

1. Centralized Hospitals.

Where one hospital can do the work, it shall be the purpose of all the churches to give it support, without disturbing its denominational relations.

2. Specialized Hospitals.

When new hospitals are needed for special purposes, such as Children's, Incurable, and Tuberculosis hospitals, the task of founding may be given to a different denomination than that of the one already established.

3. Standardized Hospitals.

Each hospital to adopt the standard of the most approved hospitals, and to work toward it, namely:

Prescribed number of beds and patients.
An approved training school for nurses.
Laboratory.
Libraries.

No hospital shall be excluded from participating on account of its present inability to reach the standard required; but it is expected that every hospital shall assert its determination to reach the standard required by the American College of Surgeons.

THE BRITISH HOSPITAL ASSOCIATION'S ANNUAL MEETING

The annual meeting of the Association was held on Friday, May 16, 1919, at the London Hospital, under the presidency of the Rt. Hon. Viscount Knutsford.

On the motion of Mr. Wade Deacon, Lord Sandhurst was unanimously re-elected President, and the following were re-elected vice-presidents: The Right Hon. Viscount Knutsford, Sir William Osler, Bart., M.D., F.R.C.P., Sir Henry C. Burdett, K.C.B., K.C.V.O., Sir William Cobbett, and Col. D. J. Mackintosh, M.B., LL.D., M.V.O. This was duly carried.

Mr. Francis Penty (County Hospital, York) proposed the election of the following officers: Chairman of Council, *Mr. H. Wade Deacon (Chairman, Royal Infirmary, Liverpool); Hon. Treasurers, *Mr. R. A. Owthwaite and *Mr. Conrad W. Thies; Hon. Secretary, *Mr. J. Courtney Buchanan; Hon. Auditor,

*Members of Executive Committee.

Sir Arthur F. Whinney, K.B.E. (Messrs Whinney, Smith and Whinney), 4b Frederick's Place, Old Jewry, E.C. 2. Mr. Harold Wigg seconded the resolution, which was carried unanimously.

The Resignation of Mr. Conrad Thies.

Mr. Wade Deacon (Chairman of Council) expressed his and the Association's regret that the services of Mr. Conrad Thies, Hon. Secretary, were to cease in that capacity. Mr. Thies had not been favored with good health for some time, and he felt he could no longer manage the Association's work as well as his own. He concluded by proposing a cordial vote of thanks to Mr. Thies for his able and long-continued work on the Association's behalf, and at the same time expressing the hope that he would have many years of health and happiness. This was passed.

Mr. Thies, in acknowledging the vote, said his chief consolation was that his colleague, who had been associated with him for many years (Mr. Buchanan), would continue the work. He (Mr. Thies) still felt a keen interest in the Association, and was glad to keep up his connection with it. The Association had been of the greatest value to hospitals; to-day it represented more than 300. Had there not been such a body to speak on behalf of hospitals as a whole when making representations to the authorities, he was sure voluntary hospitals would have suffered more than they have done; individual institutions would have no chance whatever. He had made a careful analysis of the 700 hospitals in the country, and found a large proportion of them were very small institutions, either serving rural areas or acting as auxiliary and supplementary hospitals to the larger city or town institutions. Therefore the membership of 415 could be claimed to represent practically all the hospitals of any weight. Some of the most important institutions were represented by four or more members. The fact that men were willing to come to London to discuss hospital matters was a proof that the Association was meeting a need. He was extremely obliged for the vote which had been passed.

Mr. Wade Deacon submitted the report of the Council for 1918, which was approved and adopted.

CONFERENCE.

The Relation of Voluntary Hospitals to the State, with Special Reference to the Ministry of Health Bill.

Viscount Knutsford humorously introduced Sir Napier Burnett to the meeting. He said when he went to the War Office to see Sir Napier, he found he knew more about hospitals than his lordship did himself. One of the items referred to was cheese; Sir Napier told him that in some hospitals, besides using it as cheese, they melted it down and called it butter, they froze it and called it soap, they employed it for stopping bleeding, and so on. Seriously, he did not know any man who had more conscientiously studied hospitals, and the information he had given to the London and other hospitals had been of immense value to them.

Sir E. Napier Burnett's Address.

Sir E. Napier Burnett, K.B.E., M.D., in opening the discussion on "The Relation of Voluntary Hospitals to the State," said: There are strong temptations for one to cover a wide field, but as I am desirous, with your Council, that some practical result may be attained by this meeting, I have exercised the power of restraint in confining my observations to a few salient points. I suggest, at the outset, that two points may be borne in mind throughout the discussion, namely:

(1) That we are considering the hospital situation as a whole throughout the country, not merely those hospitals which are situate in this vast Metropolis, which, doubtless, have their own peculiar advantages and problems. (2) Let us take the broad outlook towards what is in the best interests of the nation, rather than the point of view of any one individual hospital.

I realize that this audience is composed, in the main, of those who have been bred and nurtured in what is known as "the voluntary principle," and I am confident that when the full story comes to be recorded of what the voluntary hospitals

have accomplished, it will be demonstrated that your beliefs have been well founded. My object, therefore, is not the foolish one of seeking to condemn what has been attained under voluntaryism, but rather to point out that some alteration in policy is required in order to harmonize the hospital system with the circumstances of to-day, which are so vastly different from those pertaining to the times when the voluntary hospitals came into being. In those early days, the so-called "sick and lame poor" constituted the hospital *clientèle,* but the discoveries of modern science applied to the treatment of disease have brought increasing numbers of people from the various grades of society to your doors in search of the latest and best forms of medical and surgical treatment. The voluntary hospitals, to the best of their ability, have responded to and are meeting this new and ever-increasing demand for treatment, with the inevitable result that the annual financial expenditure is now much in excess of the income derived from the philanthropic public. When the income of an individual (and so also of an institution) fails to meet the expenditure, then there is one doom lying ahead, namely, bankruptcy—a condition looming on the horizon for many hospitals during this present year. During the past four years the income derived from the State for the treatment of military patients occupying beds in your hospitals, which otherwise would have been occupied by non-paying patients, as they are called, has been of considerable assistance to many hospitals in tiding them over an anxious period. The war service rendered to the State by the voluntary hospitals was a magnificent piece of work highly appreciated by the military authorities, and although the remuneration granted for such service during a time of national emergency may not have been such as some of you desired, yet its cessation would appear to be causing anxiety to certain hospital committees.

The Attitude of the Association.

Let me ask the question: What is the policy of this Association towards the solution of the threatening financial crisis? I suggest that there are two methods open for consideration, viz., either (1) expenditure must be curtailed, or (2) income

must be increased. Let us for a moment examine the alternatives.

(1) Expenditure.

The curtailing of expenditure, although it may excite less interest than the increasing of income, is, nevertheless, an aspect of considerable importance in hospital administration. In the present argument I am tempted to ask whether economy, in the fullest meaning of the word, i.e., everything being put to its best use—which is my definition of economy—is practised in all hospitals.

Average Stay of Patients. By Motor Ambulance to Country Convalescent Camps.

I will just refer to one point in this connection which I suggest is worthy of some consideration. In a general hospital in any of our large cities the average length of patients' stay is usually between three and four weeks, and the annual cost per occupied bed will range from £120 upwards. Are these hospital beds being put to their maximum use? When the surgeon goes round his wards he recognizes many patients who have had their operative treatment a week or ten days previously, and who are now lying convalescing. I suggest that after, say, ten to fourteen days such patients might be transferred by motor ambulance to convalescent homes in the country where the rate of convalescence would be accelerated by from twenty per cent. to thirty per cent. as compared with lying in a ward in the centre of some populous city amidst its noisy thoroughfares; and annual cost per occupied bed in such homes is certainly one-third less than in the general hospital. By such an arrangement the urgently needed beds in the central hospital might be put to a fuller use.

Closing Hospital Beds.

Prior to the war some hospitals made no effort to conceal the fact that they had been obliged to shut down one or more wards so as to lessen expenditure; but surely such a policy can have no advocate in these days, when the health needs of

the nation stand revealed in all their magnitude, and when the health-conscience of the people has been quickened anew through some of the lessons of the war. "He that withholdeth, impoverisheth himself" is still sound philosophy. No hospital worthy of the name will seek to curtail expenditure by offering a limited service, or will in any way fail to make the fullest possible use of its available accommodation. On the contrary, I predict that, in the near future, the country will demand that hospital facilities be made available for a largely increased number of people. Further, the National Insurance Act may be soon so amended as to provide institutional treatment for the 13,000,000 insured people. From these observations, then, one comes to the conclusion that, contrary to there being any likelihood of decrease, the prospects are all indicative of an increased expenditure for hospital service.

(2) Increased Hospital Income.

Let us now look at the other alternative, namely, an increased hospital income. Hospitals have always been crying "poverty"; reforms, extensions, and improvements have been delayed by lack of funds. The efforts to raise money have been successful, or the reverse, just as there happens to be in the particular district one man skilled in the arts of the beggar to touch the hearts of the rich; hospital appeals occasionally have merged on the bounds of decency, and human suffering has been exploited by letter, by the press, and pictorially, in order to get money. In short, hospitals are supported by charity, and it is no longer a charity which the people want. The fighting of disease is a national matter, and the workers have the right to all the protection that the State can supply. This protection requires more money than private enterprise can raise; moreover, the duty of giving is recognized unequally, some give generously, others not at all. Large employers of labor and insurance companies derive very great benefits in having their employees and clients treated at the voluntary civil hospitals, benefits received out of all proportion to the subscriptions given. With high taxation and increase of local rates, voluntary hospital subscribers are likely to diminish in number. This dim-

inished income, *plus* the higher expenditure in nurses' salaries and general wages, tends to the embarrassment of hospital governors.

Relation of Voluntary Hospitals to the State.

So much for the present hospital situation. May we now look more closely at the relationship of the voluntary hospitals to the State? I have encountered those in voluntary hospitals who hold the extreme view that to have any direct dealing with the State is anathema. I would plead to-day with any such for a recognition of the doctrine that the interests of the State must take precedence of any voluntary principle. (Hear, hear.) There are voluntary civil hospitals in the London area, as elsewhere, at present in receipt of subsidies from the State for the following services, viz., the treatment of tuberculosis, child welfare, venereal disease, pensioners, military patients, and I suggest that the treatment of these cases is not inferior because paid for by State-money rather than by voluntary subscription, and I also suggest that the hospitals in receipt of these State subsidies are no worse administered on account of such financial assistance. Let me here propound another query: Why does the State make a selection of a few diseases to be paid for? Disease is the enemy of the State, it weakens her soldiers, strikes down her workers, and decimates her future citizens. The State recognizes this dimly and partially, for she has her fever hospitals, asylums, and venereal clinics. It is owing to her lack of imagination that she takes steps only when she is forced. Fevers frighten her—dire experience has taught salutary lessons; venereal disease haunts her whenever she pauses to think; she does not let her lunatics wander at large, a danger to themselves and to the lives of her peaceful citizens. The care of those who suffer from smallpox, or who are insane, or who suffer from venereal disease, she dare not leave to private enterprise, yet she allows her workers to linger on in their dwellings unprovided for, because their disease, although it may be no less deadly to herself, does not make itself evident. Such has been the state of matters in the past, largely because the supervision of disease and all matters pertaining to health have been

the business of no single State Department; no one has been wholly responsible, but now, with the establishment of a Health Ministry, all health matters will be co-ordinated under one responsible authority. Under such a Ministry I suggest that the voluntary hospitals will have an important part to play, but it must take the form of some co-ordinate scheme to replace the present unorganized and disjointed arrangement whereby each hospital is a law unto itself, offering charitable treatment how and when it pleases. If the State asks the civil hospitals to do certain work, and offers remuneration for such work, what objection can be raised by the hospitals to the State exercising a reasonable degree of control in the form of judicious inspection, with the object of ascertaining that adequate services are rendered for public moneys?

A Glorious Chapter for Civil Hospitals.

The civil hospitals have a great opportunity of adding a still more glorious chapter to their history than anything they have accomplished in the past, by casting aside all prejudice, and with an open mind responding to the call of the nation for a bigger and more extended hospital service. Just as the British military hospital system throughout the war became the envy of other nations, so let me appeal to this Association to concentrate its efforts on the establishment of a co-ordinated British civil hospital system worthy of the Empire, and second to none throughout the world. (Applause).

The Discussion.

Viscount Knutsford said that as far as this hospital (the London) was concerned, they had no objection to accepting money from the State—as much as the State chose to pay them; and it was quite reasonable that, in return for this, there should be inspection. Hospitals had already been receiving money for various purposes—for venereal disease work, for looking after children, for tuberculous cases, and so on; and these phases of medical work had helped towards the education of students, and the inspection which had followed had always been helpful. What the voluntary hospitals were afraid of, however, was not

inspection, but control; what had been seen abroad concerning State control of hospitals made them anxious on this head. Sir Arthur Stanley was present, and he was a standing example of bringing a man's heart-beat into a Government Department. Technically, Sir Arthur's Red Cross work had no business to exist; it was the work of the Army, but armies had no heart, and the Red Cross Society came in and gave the human sympathy and heart for the work. Their fear was that if hospitals became an affair of the State, this last-named attribute would be lacking. To deal, under the present system, with the whole of the nation's illness was impossible. In the future he thought the hospitals would supply just what the Government would not give them under the Insurance Act. He hoped the Minister of Health would not be satisfied with the low standard of healing which obtained in the case of the panel doctor; he could not call in the aurist, the orthopedist, or any specialist to a case. He considered that the future of the voluntary hospitals would be that they would be called in as specialists to help the Minister of Health in dealing with the ordinary sickness of the nation. Members of the Association had probably changed their views a good deal since first they met Sir Napier Burnett, because their eyes had been opened to their failure to reach and deal with the vast quantity of illness in the country. He did not know that it would be much cheaper to move convalescing patients by motor ambulance to the country than to allow them to get well in the hospital where they had their operation or their acute illness. The average stay of patients at the London Hospital was twenty days. And to show that the cost of convalescence in the country was less than in a large town did not prove that such patients cost too much while they remained in town, because the earlier part of their stay was always by far the most expensive part.

Mr. Hazell (Royal Infirmary, Manchester) pointed out that by discharging patients to convalescent homes as soon as they were fit to be moved, the work of the wards would always be carried on at high pressure. Unless there were a number of sub-acute and convalescing patients in the wards the tension would prove too great for the nurses and other members of the staff. The same was found to apply to mental hospitals.

Rev. G. B. Cronshaw (Radcliffe Infirmary, Oxford) alluded to the importance of getting smaller outlying hospitals co-ordinated with the larger town hospitals, which were fully equipped with modern appliances. This would also result in an improved standard of nursing. And the smaller hospitals could be used for patients convalescing from operations performed in the larger institutions. He lost no opportunity of advocating this, and the need was all the greater in view of the expected great increase in hospital work and the building difficulties in the way of constructing new wards. He was convinced that Sir Napier Burnett's paper was on the right lines.

Sir Arthur Stanley's Views.

Sir Arthur Stanley, G.B.E., said the best proof of the way in which Sir Napier did the arduous work set him by the War Office was the fact that he had more than secured the confidence of those who had had to deal with him while he was so engaged. He could himself speak feelingly on that matter, as he was nominally responsible for 1,500 hospitals during the war, and he in that way came a good deal under Sir Napier's purview. Whenever he found that gentleman had been down to see a particular hospital, he knew there was good reason for the visit, and accordingly he looked into it without delay. If the control likely to be given to hospitals by the Government was typified by that exercised by Sir Napier, they would welcome it, to the accompaniment of any amount of money which the Government liked to give.

But there was also something to be said on the other side of the voluntary system. There was something apart from the actual value received by the patient, namely, the value received by the giver. It would be sad to see the disappearance of the voluntary principle. The Red Cross Society was the only channel through which the generosity of the public reached the sick and wounded soldier; it was the instrument through which the public expressed its feeling that everything which could be done for the wounded soldier should be done. That had a value quite distinct from that of the relief of suffering; it enabled the men who were fighting to know that this feeling on the part of the public was behind them. The

grouping system referred to by Mr. Cronshaw had interested him very much; he had paid a good deal of attention to it. A very good system of auxiliary hospitals became established during the war. The military hospitals with the highest medical and surgical skill and equipment dealt with the first-line cases, and as the patients became better they were passed on to the Red Cross hospitals, which, thereby, in many instances became convalescent homes. He would like to see such a system gradually adopted in ordinary hospitals. He knew a case at the present time where there was a question of erecting a special department for a big hospital when already a special hospital for that very treatment existed only a few hundred yards away.

He agreed with all that had been said about co-ordination of work, as to the necessity of State subsidy, and about reasonable control, though, in the latter connection, he wished someone would define the word "reasonable." (Laughter.) He hoped the standard would be that set by Sir Napier Burnett himself.

Voluntary Hospitals' Day Over?

Mr. Wade Deacon (Royal Infirmary, Liverpool) expressed, on his own behalf and that of the Council, their thanks to Sir Napier Burnett for his paper. There was still great waste in the ordinary general hospital. The great point was to get cases through the beds in fully equipped hospitals as quickly as possible. He had no fear as to the inspection which would accompany Government contributions; there was already a good deal of inspection, and nobody minded it, especially if there was proper management. The difficulty in his mind was as to the transition period from voluntary to subsidized. In Liverpool in 1916 the receipts were, for the first time in their history, less than the expenditure. Probably if the figures were got out for other towns a similar result would be seen. That sort of thing, obviously, could not go on indefinitely. Hospitals were jogging along, and some were using capital in order to do so, but a change was evident, and there was a laudable determination to avoid closing beds. And he had wondered how long people would go on giving towards hospitals when Government subsidies became established. That the future alone could

settle. In some of the Colonies where large sums for hospitals were received from the Government, voluntary subscriptions were also continued. He felt that the day for voluntary hospitals pure and simple was now over; they were unable, under that system, to meet the requirements of the present day.

A member thought it would usually be found that when it was proposed to remove a patient to a convalescent home he insisted on going home.

Mr. P. B. Burgoyne (Ventnor), representing a country hospital of 177 beds, opposed the principle of State subsidy, as it would not be able to enter into the peculiar local needs of such hospitals. His own institution collected and spent £20,000 a year, and did very well, and his committee did not look kindly on the prospect of State control.

Matters That Must be Controlled.

Sir Napier Burnett, answering the Chairman, said he only mentioned money as a secondary matter when referring to transfer to convalescent homes. The great point was, it would make better use of the hospital beds. He had not overlooked the point mentioned by Mr. Hazell; but the expert men and women in a hospital should be paid, and they were not being put to their best use when they were walking past convalescing patients. Shorter hours for nurses were to be anticipated. There were certain things that could be left to voluntaryism, and certain things that could not. For instance, one could not allow everybody to set up his own sanitary and lighting system, for it would mean chaos. There were certain things that had to come under control—though he hesitated to use the word. Nevertheless, any hospital could contract out of the arrangement, just as in matters of education. He would like to see the country supply the irreducible minimum of medical and surgical hospital accommodation. He did not think the State would compel a country district to come under Government control if it chose to carry on, but when they asked the Government to give help, then that help would be willingly given.

Mr. A. M. Daniel (Scarborough General Hospital) asked whether Sir Napier Burnett had formed any estimate of the additional number of beds that would, in his opinion, be re-

quisite for medical and surgical cases if the whole of the insured cases were adequately treated institutionally. Until those concerned with voluntary hospitals knew how far short they fell of the requisite supply of beds, they had no really safe ground to go upon for bargaining or refusing a subsidy.

Sir Napier Burnett replied that a statement on the point would be made when the subject was dealt with as an amending Act.

Mr. C. R. W. Offen (Leamington) said they were at present in correspondence with the local town authority with regard to maternity and child welfare conditions, and were thinking of the difficulties that might arise when they had the various authorities each demanding some measure of control. He quite agreed with Sir Napier that hospitals were in a period of transition, but he hoped the policy of the Association would be that, supposing the control had to be of a representative character, it should be of a broad and enlightened type and fair with regard to the question of voluntary hospitals. Otherwise Bumbledom would again appear, and bring with it all its bad and evil ways. He hoped that the progressive principles laid down by Sir Napier Burnett would be very generously considered by every member of the British Hospitals Association, even by those who took the very old-fashioned view of the voluntary system, for they would get something better if they would only consider the greatest happiness of the greatest number.

Sir Napier Burnett said he had been asking for co-ordination from the hospitals, nevertheless he recognized that co-ordination among the authorities was equally necessary. So far as local authorities were concerned, he was on ground he could not follow—when they came to the rating authority, then he left it to the House of Commons!

Mr. Wade Deacon, in moving a vote of thanks to Sir Napier Burnett, said that in the excellent paper he had read to them he had produced the required effect—namely, providing food for thought. Moreover, he had raised a very broad question in a broad spirit. The vote of thanks having been heartily accorded,

Sir Napier Burnett said it had been a great pleasure to him to attend the meeting. He had been asked how he dared to

enter the Holy of Holies of voluntaryism, to which he had replied, "Daniel survived; I am going to try." (Laughter.)

A vote of thanks to Lord Knutsford and the London Hospital authorities concluded the proceedings.

ALBERTA HOSPITAL ASSOCIATION

QUITE a number of the Hospital Superintendents in the Province of Alberta have thought that they should have a Provincial Hospital Association, and have arranged for a convention this year.

The preparations for this Convention are already under way, and they expect to hold the same at Edmonton, on or about October 24th and 25th, on the days following the convention of the Alberta Graduate Nurses' Association. The splendid success of the two conventions held by the British Columbia Hospital Association, has inspired them to take this important step.

It is proposed that the Convention be open to all hospital workers, and all people interested in hospital work. The public are taking such an intense interest in these institutions at the present time, that if hospital workers are to lead the way in improving hospital service, and extending their functions, they must get together and organize our Provincial Institutions, "to say nothing of our Dominion Institutions," and arrange to discuss Hospital questions in conference.

The Great War, and the recent influenza epidemic, have surely brought home to us the fact that we are but poorly organized at the best, to be in a position to meet such emergencies as we have had to face during the past five years.

It is very necessary that we impress upon our Federal and our Provincial Governments the absolute necessity of giving our cause proper financial support.

We hope our Alberta Hospitals' organization will follow closely the British Columbia Hospital Association organization.

SASKATCHEWAN HOSPITAL ASSOCIATION

A MOVEMENT is on foot to hold a convention of directors of hospitals in Saskatchewan this fall for the purpose of reviving the Saskatchewan Hospital Association, which was formed some time ago, but which had only one meeting. At the regular meeting of the board of governors of the Regina General Hospital recently, the matter was brought before that body in a letter from the secretary of the Weyburn Hospital, asking the chairman of the board, as convener of the association, to call another meeting. The view was almost unanimously expressed that the association should be kept alive and authority was given to look up records of the personnel of the directorate of the association and any other records that may be in existence.

THE CANADIAN ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS

THE nineteenth annual meeting of the Canadian Association for the Prevention of Tuberculosis, will be held in the Chateau Laurier, Ottawa, on Thursday, October the 9th, 1919. The principal items on the programme are: Secretary's Report, Geo. D. Porter, M.B. The X-ray in the Diagnosis of Pulmonary Tuberculosis, Dr. Harold M. Tovell. The Visiting Nurse, Elizabeth E. Harris. What ought to be Taught To-day about the Prevention of Tuberculosis, Dr. W. J. Dobbie. Tuberculosis in Infancy, Dr. Alan Brown. The Problem of the Discharged Soldier, Lieut.-Col. J. H. Elliott. President's Address, José A. Machado, Esq. The Present Needs of the Tuberculosis Campaign, Dr. John B. Hawes, Boston, Mass.

ONTARIO HOSPITAL EXHIBIT

Anyone visiting the Ontario Hospital exhibit in the Government Building at the Toronto Exhibition will learn that the Government of this Province is maintaining ten mental hospitals for the treatment of those who are mentally afflicted. He will also discover that the old-time, well-known asylum is extinct. Instead of stone walls and iron bars, they now depend on trained nurses and scientific treatment. In each hospital is established a training school for training nurses who are especially adapted for the care of mental disease patients. The hospital is furnished with the most complete surgical laboratory, electrical and other equipment.

Probably one of the most important features of the treatment consists in the occupational therapy or vocational training. For this purpose a trained staff is maintained in each hospital, to develop the failing interest of the diseased mind. Patients are taught basket-making, weaving, wood-carving, fancy work and many other useful arts. An interesting exhibit of this work may be seen.

It is a well-known fact that the mind that is not occupied deteriorates, and because of this all forms of occupation are provided, the best teachers are procured and every encouragement is given to them in order that the lives of these afflicted ones may be brightened, so that they may again take their places in society.

The purpose of this exhibit is to let the citizens of this Province know that any patient suffering from mental illness will receive better and more considerate care and attention than in any private home, and also to disabuse the mind of what was formerly considered a stigma. When a member of any family is afflicted with mental disease, scientific treatment is at his door, if he will avail himself of its wonderful benefits. Cases receiving treatment early nearly all recover. Late or long-standing illness is much more hopeless. Do not let the mentally sick members of your family languish in the home, when the best psychiatrists in this Dominion are available for consultation and advice.

The Provincial Secretary, the Hon. W. D. McPherson, is more than anxious that the Ontario hospitals shall be at least equal to anything in the world, so that the people of this rich Province may know that they have at their services the best treatment and the most considerate care that is obtainable anywhere.

HOSPITAL SCHEME FOR CALGARY

Calgary has planned a hospital scheme to co-operate with the militia and the department of soldiers' civil re-establishment is giving them the full use of their equipment, and doing it without putting either the city or the government to too much expense. The militia department was administering the convalescent homes and the soldiers' civil re-establishment assumes no authority over men until they are discharged; consequently the cases looked after by this department are less than those looked after by the militia, and will continue to be so until the men are discharged and the positions are reversed. The hospital building at present under construction in Calgary is to cost somewhere in the neighborhood of $20,000. The city will build another extension if the government will co-operate, and are prepared to go to the extent of $60,000. Though a modern hospital is needed one of marble construction is unnecessary. Under discussion it transpired that a high-priced building in a few years, with a change of methods, becomes useless. The cottage type is superseding the more permanent type, it being found that the treatment of tubercular cases have been revolutionized by the hutment system. The patients have infinitely greater comfort, splendid sanitary conditions and plenty of light; they can also be classified and segregated if necessary. Should the government co-operate with the city, Calgary will have its hospital benefits centralized.

CALGARY GENERAL HOSPITAL

The new annex to the Calgary General Hospital is nearing completion, and will be opened for patients almost at once. This is a one-storey building of stucco finish. It is com-

posed of a separate administration section, and two large lateral wings. It was primarily intended to be used for treating influenza patients, but for the present it will be used as an overflow from the General Hospital. We also expect to house sick infants and children in one of the wings, a portion of which will be divided into cubicles for the reception of infants.

The Invalid Soldiers' Commission are at the present time negotiating with the Calgary City Council for the erection on the grounds of the Calgary General Hospital, adjacent to the main building, an extension of one or two storeys for the care of their patients, with the idea of turning the building over to the City of Calgary, when the Commission has finished its work.

NEW HOSPITAL FOR MOOSE JAW

A FAVORABLE consideration has been given lately to the new project of erecting a $250,000 Union Hospital in the city of Moose Jaw. Representatives of the surrounding municipalities of Redburn, Baildon, Hillsboro, Roger, Pense, Eyebrow, view the scheme with approval and request that council of each municipality mentioned appoint, at the earliest possible moment, a representative as a member of the hospital committee, provided for in part one of the Union Hospital act. When all the representatives are appointed a meeting is to be called for the purpose of organization.

CONFERENCE OF HOSPITAL MEDICAL SUPERINTENDENTS

THE medical superintendents of all the Ontario hospitals were recently called together in conference by the Provincial Secretary to discuss plans and suggestions connected with the efficiency and standing of the medical institutions of the province. The intention is to rebuild and strengthen the staffs

of medical assistants and nurses at the various hospitals, to cope with the ever-increasing need for such work, and develop at each institution the medical and scientific side of hospital life, particularly in research work, thus placing these institutions in the front rank of medical work as it is understood to-day. The aim is to establish a medical centre which can be regarded from all sides, and particularly by the medical fraternity, as one place in the district where the highest attention will be paid to scientific and professional advancement.

QUEEN MARY HOSPITAL TAG DAY NETS $16,000

With 50,000 Canadian-made roses to sell, and with a perfect day in which to carry on business, 1,200 taggers on September 4th took their places on the street corners of Toronto in the interests of Queen Mary's Hospital at Weston. At the end of the day it was announced that $16,193.91 had been collected.

This is the fifth year that a tag day has been held for the consumptive children at Weston, and although the objective—$20,000—was not reached, there was a very hearty response to the appeal for funds. Roses sold as low as two cents and as high as two hundred dollars, and, as usual, the fine total was made up of a multitude of small contributions.

The entire city was covered by the collectors, as well as the Island. The boats to Niagara and Hamilton also had their taggers, who reported great courtesy from the passengers and fair monetary returns. At the Queen and Dufferin Subway, and also at the King Street Subway, there was a large corps of helpers, whose work it was to gather in contributions from the crowds bound for the Exhibition. The headquarters were in the C. P. R. Building, at the corner of King and Yonge Streets, and were under the supervision of Mrs. Charles Law.

Miss J. Stewart acted as Chief Organizer, and the committee consisted of Mrs. Albert Brown, Mrs. L. A. Gurnett, Miss F. Boland, and Miss C. H. Wilson.

The work at the Weston Hospital is growing steadily in

extent, and there is much need for greater accommodation. For this reason a larger sum was aimed at than ever before, and while the receipts fell short of the objective, they were in excess of those of last year.

ADVANCED LEGISLATION ALONG SOCIAL SERVICE LINES

IMPORTANT legislation, the most advanced along social service lines, has been passed by the Manitoba Legislature, as embodied in the report of the committee to the Manitoba Public Welfare Commission. This announcement was made by Dr. C. K. Clarke, who presided at the annual meeting of the Canadian National Committee for Mental Hygiene. He referred to the progressive step the association had made and stated that a similar movement was planned by British Columbia.

Dr. Hincks gave some startling statistics from Manitoba. In the jails sixty per cent. of the inmates were feeble-minded. A number of these quite out of proportion to the percentage in the general population, were foreigners, an indication of the need of immigration restrictions. It is emtimated that every incurable patient detained in the Provincial Hospital for the Insane costs the Manitoba government from $5,000 to $7,000, hence, to quote from the report, "It is not a difficult problem to calculate the saving to be effected by dealing as intelligently with insanity as we do with smallpox or other preventable diseases."

The Brandon General Hospital Training School, Graduating Class, 1919, broke all records in the recent examinations. The lowest marks obtained in Obstetrics were ninety per cent. The members of the class also did splendid work in surgery, no nurse receiving less than eighty-five per cent. The examiners stated that the papers were of a uniformly high order. Twelve nurses graduated in June.

War Hospitals

KING'S CANADIAN RED CROSS HOSPITAL, BUSHEY PARK

Canada is linked up with a new generation on this side of the water by the generous gift of the Canadian Red Cross Society, to London and to Birmingham, of two hospitals.

The King's Canadian Red Cross Convalescent Hospital, at Bushey Park, which was built with the co-operation of His Majesty on Crown land, has been given as it stands, thoroughly equipped and decorated, the total value being about £24,000. To make the gift complete, His Majesty the King has lent Upper Lodge, Bushey, which was part of the Canadian Hospital since it was opened in 1916. The hospital covers about eight acres of ground, and the children will also have the use of Bushey Park, an ideal place for a hospital for delicate little ones.

This hospital is really one of the camps where delicate and anæmic children are to be treated, and the London County Council is immensely grateful to the King and to the Canadian Red Cross for making it possible to provide several hundred children with so fine a temporary home.

The other hospital, which goes to Birmingham for the same purpose, consists of Queen Alexandra Wards 1 and 2 and Saskatchewan and Manitoba Wards from Taplow, together with nurses' sleeping quarters at The Lodge, Taplow. Altogether, between the two hospitals, about seven hundred children can be accommodated at one time.

By a happy coincidence, this gift has been made on the eve of Baby Week, during which the welfare of the children of the British Isles is one of the foremost interests. It coincides also with the debut of the new Ministry of Health, which is expected to do great things.

Colonel Blaylock, Chief Commissioner, referred to this link with Canada very charmingly: "For the last four and a half

years the doors of all Great Britain have been wide open with hospitality to Canadians overseas. It is gratifying to us to feel now that we are going home that we shall be always the hosts of some of London's children, and I am sure it will be a tie that will bind the children of London and of Canada together."

And now it is only to be expected that kind people all over Canada will take these hospitals under their wings and interest themselves in the little delicate children across the sea.

ORPINGTON HOSPITAL CLOSED

The Ontario Hospital at Orpington closed during the week of September 8th, the last four hundred patients sailing on the *Araguaya,* which made its final voyage as a hospital ship. The hospital buildings will probably be sold to the British pension authorities as a home for disabled pensioners, or the London County Council may take them as a country home for city children who are in need of fresh-air treatment.

President E. W. Beatty, of the Canadian Pacific Railway, has given $10,000 to the Vancouver General Hospital in connection with a campaign now under way to raise by popular subscription a fund to pay off the debt on the institution.

CANADIAN NURSES HONORED

The Royal Red Cross has been awarded to the undermentioned Canadian nurses for valuable services rendered:

Bar to the Royal Red Cross.

Miss Annie Jane Hartley, matron, 4th Canadian General Hospital, Basingstoke.

Miss Margaret Heggie Smith, matron, 16th General, Orpington.

Royal Red Cross, First Class.

Miss Thora Bloomquist, nursing sister, Canadian Officers' Hospital, London.

Miss May Cornell, matron, No. 10 Canadian General, Brighton.

Miss Edith Frances Hudson, nursing matron, 16th General, Orpington.

Miss Sarah Catherine MacIsaac, matron, Granville Special, Buxton.

Royal Red Cross, First Class.

Miss Effie Evelyn Alexander, nursing sister, H.M.A.T. *Essequibo.*

Miss May Bastedo, nursing sister, No. 4 General, Basingstoke.

Miss Jean I. Bell, nursing sister, H.M.A.T. *Araguaya.*

Miss Louise J. Brand, nursing sister, 15th General, Taplow.

Miss Eleanor B. Burpee, nursing sister, 15th General, Taplow.

Miss Jennie S. Calder, nursing sister, Officers' Hospital, London.

Miss Aimee M. Christie, sister, 4th General, Basingstoke.

Miss Helen C. Claxton, nursing sister, 5th General, Liverpool.

Miss Mary R. Fitzpatrick, matron, Perkins Bull Convalescent Hospital, Putney Heath.

Miss Marguerite H. Gagre, nursing sister, 15th General, Taplow.

Miss Agatha V. Gamble, nursing sister, West Cliff Hospital, Folkestone.

Miss Dorothy L. Gray, nursing sister, 11th General, Moore Barracks, Shorncliffe.

Miss Hester Hardings, matron, Massey Harris Hospital, Dulwich.

Miss Goendolyn Holland, nursing sister, 16th General, Orpington.

Miss Florence M. Kelly, nursing sister, Forestry Hospital, Beach Hill, Englefield Green.

Miss Helen Mary Kendall, nursing sister, 16th General, Orpington.

Miss Louise Macdonald, nursing sister, 16th General, Bramshott.

Miss Beatrice H. Mack, nursing sister, 15th General, Taplow.

NEW TRINITY COLLEGE BUILDING IN QUEEN'S PARK

For close to seventy years a landmark in the city of Toronto and an educational institution to which tender recollections cling to the minds of thousands of Canadians, Trinity College, as it now stands, is to be replaced by a new building in Queen's Park. The architectural style of the old edifice will be closely followed; lecture halls, residences and chapel being arranged round the Founders' and Chancellors' quadrangles.

The college was founded by Bishop Strachan in 1850, and the sale of the present buildings will bring the sum of $700,000. An additional $400,000 is required, however, and an appeal for funds is being made by the governors. Endowment chairs are desired in several departments of the art and divinity courses.

Trinity has a total honor roll of 430 names, of whom 49 were killed. 197 wounded, and 67 honored by titles or decorations.

LEGACIES TO HOSPITALS

EXCEEDINGLY generous provision for St. Luke's Hospital, Ottawa, and Bootle Hospital, at Bootle, England, has been made by the late Robert Montgomery Cox, Ottawa, millionaire lumberman, whose will was probated at the Court House, Ottawa, recently.

The total estate amounts to $1,790,543.85, of which amount about $400,000 is comprised in various bequests, legacies and annuities, and after these have been discharged and provided for one-half of the total residue of the estate is to be given to each of the above mentioned hospitals. The gifts to the two institutions will amount to about half a million dollars each.

Lady Gray Hospital, Ottawa, is given a legacy of five hundred pounds sterling.

Selected Article

A "FOLLOW-UP" SYSTEM

The following report embodies the plan adopted by a Medical Board, and recommended to the Board of Managers of a large Hospital. The various forms are believed to be sufficiently clear to require no explanation or elaboration.

The Medical Board,
M. E. Hospital.

Your committee recommend the adoption of the following follow-up system of this hospital, it being understood that it applies only to ward patients, and to those applying directly to the hospital for treatment.

It is felt that this work should be done through the hospital as a central bureau, and that the attending should assume the responsibility of having the final reports entered on the hospital history in order to complete the records.

Card to be sent to the Doctor

Methodist Episcopal Hospital,
6th St. & 7th Ave.,
Brooklyn, N.Y.

Dear Doctor:

Your patient Mr. was discharged to-day from this hospital and instructed to report to you without delay for further care. As it is most desirable to keep a record of the results of hospital treatment, we ask your co-operation in having your patient return here at intervals of three months for examination.

Yours truly,

Supt.

(1)

To be handed to the patient when he is discharged,

Methodist Episcopal Hospital,
6th St. & 7th Ave.,
Brooklyn, N.Y.

In three months' time a postal will be sent to you, asking you to return to the hospital in order that you may be examined to determine your present condition. It is very essential that you come for this examination.

Nurse in charge of ward to enter his name and address in a diary under a date three months ahead of the time of his dismissal.

Each week charts of patients discharged the previous week to be gone over by the stenographer, and the following card filled out:

Record Card.

(2)

Diagnosis
Name
Address
Operation or Disease
Admitted
Subsequent course
Age
Sex
History No.
Attending
House Surg. & Physician
Discharged

These cards to be filled according to diagnosis, the classification being that of the Bellevue Nomenclature.

Return notes are later to be written on these cards.

(3)

A separate alphabetical name file to be kept containing the name of patients and the diagnosis under which their history cards can be found.

A week before the date entered in the diary a postal is sent, requesting patient to return the following week, at such time

as may be specified by the attending, leaving it to each man to fix his own time to have patients return.

(4)

Methodist Episcopal Hospital,
6th St. & 7th Ave.,
Brooklyn, N.Y.

19

My Dear,

Will you kindly return to the hospital on as Dr. desires to note the progress of his patients after they leave the hospital.

Bring this card with you. If you cannot come, please write and tell us how you are.

Signed,

Supt.

Name

Acute Appendicitis,

On the day a particular attending's patients are to return, the cards of these patients are brought out and as each patient goes in for examination his card is sent in with him. After examination a note as to his present condition is dictated to the stenographer or house surgeon, and these notes are later typewritten on the card which are then returned to the file. As these cards cannot be bound with the original history, the note should be copied on the original history by the stenographer.

(5)

Patients whose condition is such that they must remain under observation are given a card bearing the date when they are to return for further examination.

Methodist Episcopal Hospital,
6th St. & 7th Ave.,
Brooklyn, N.Y.

Patient's name
Please return
On
At

Supt.

The names of patients not returning are to be handed to the Social Service Department for nurse for investigation. She reports the results of her investigation to the stenographer, who makes whatever note is necessary on the history cards.

Cases of special interest to be clipped with colored metal signals, each service having a different color, in order that they may be kept under observation.

The notices to be sent to patients should be printed on ordinary postal cards.

Method of Filing.

1st. Patient's record card (form No. 2) 4-6 card filed alphabetically.

2nd. Diagnosis card (3-5) filed by diagnosis.
(Diagnosis, name, hospital number).

3rd. Memory card with name and address to be filed under the date on which the notice is to be sent, and after the patient's visit transferred to the next notification date.

A. H. Bogart,
O. P. Humpstone,
H. G. Webster,
Committee.

Form of Second Notice Used by Presbyterian Hospital.

Dear Mr.

We asked you to come to the hospital on and have not heard from you. As we explained in the last notice, we wish to find out your present condition.

The treatment in the hospital gives different results in different individuals. It is therefore extremely important that we should know your present condition in order that we may be able to give you correct advice, and at the same time complete our record of your case.

If you will call at the hospital you will be directed to the doctor with whom you are to consult.

Very truly yours,
—*Long Island Medical Journal.*

URASAL

Urasal dissolves and eliminates uric acid.

Clears the kidneys and the articulations, supples the arteries.

Sold by all druggists, prescribed by the leading Physicians.

Sample and literature mailed to Physicians on request

Manufactured by

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Flavor and Energy

BAKER'S COCOA



REGISTERED TRADE-MARK

is a delicious and wholesome drink of great food value and absolute purity.

"Chocolate and cocoa add flavor and energy giving material to a diet and their use will help in many ways in the preparation of palatable, nourishing dishes from those foods of which there is an abundance."

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Refinite Water Softener

After a tubbing or two, are your linens stiff and streaked and easily broken at the folds? Do they turn dingy or yellowish in color?

Refinite Perfect Soft Water for their laundering will prevent this rapid deterioration, will more than double the life of your linens—and they'll be soft, sweet smelling and snowy white.

For with Refinite softened water no gummy soap curd forms to cling to the fabrics; no fibre-weakening chemicals are needed. It makes the soap lather freely and cleanses with far less rubbing.

A Refinite Water Softener in the laundry department of your hospital will give you Perfect Soft Water in the volume desired. This Softener attaches to the cold water supply lime. It requires little attention, no expert supervision; is inexpensive; practically indestructible.

Ideal Bread Company's Latest Improvements

Ideal Bread—"Nature did her level best—scientific bakers do the rest." This sentence aptly describes the Ideal Bread Company's products. "Quality first," with all possible cleanliness, is their maxim.

Perhaps the most interesting feature in this modern establishment is the famous Ideal Travelling Oven. Here, at the rate of 3,000 loaves per hour, the bread passes slowly through the steam-heated baking chamber. Through doors in the side, the operator watches its progress, carefully regulating the heating and speed controls. Absolute uniformity of color and baking is assured by each loaf remaining in the oven for the same length of time.

The latest innovation of this enterprising firm is the delivering of their bread in wrappers. By this method each customer receives the bread without its being touched by human hands. Medical men especially will appreciate this feature.

By introducing this great improvement, the Ideal Bread Company has once more demonstrated its ability to make Ideal Bread "First" in every sense.

92% OF THE HOSPITALS

WHO FAVOR US WITH THEIR PATRONAGE, BUY

"ABSORBON"

The Low-Priced Absorbent Cotton of Quality

in preference to other brands, because it is better value at the price than any other brand on this market.

Guaranteed pure, sterile—passes through the same 50 different operations as our higher grades—sells for less because made from short staple cotton which costs less than long fibre cotton though quality is identical.

Investigate—A postcard brings samples and prices to your desk.



Maplewood Mills

Largest Manufacturers in the World

1296 Stafford Road, Fall River, Mass.

Neōlin Soles

FOR hospital wear, no shoe soles are like Neolin Soles. For Neolin makes each step noiseless. And they lighten the heaviest day's duties. They are flexible, snug as a slipper, foot-easing and cosy. And Neolin Soles do wear longer—do cut shoe bills.

MANY doctors and nurses are finding it worth-while to pay a little more and get the best rubber heels made. In Wingfoot Heels they find more springiness, more comfort, more lasting and even wear. By *insisting* on Wingfoots they get assurance—we guarantee them to outwear any rubber heel made; if they fail, we gladly give another pair free.

The Goodyear Tire & Rubber Co. of Canada, Limited - Toronto

WINGFOOT HEELS

The Indian Example

At a recent celebration by the Indians of Caughnawaga, near Montreal, one of their chiefs claimed that long before the Allied countries of to-day, the Iroquois had a League of Nations which united five of their principal groups. He might have pointed out also that it was from those early inhabitants of America that civilized people learnt the use of tobacco. The chewing tobacco manufactured nowadays is, of course, a more refined product than that which the Indians used, and its wholesome stimulating and satisfying effect is enhanced.

HYGIENIC, inviting and up-to-date; always a safe place to dine. The home of pure food—finest food—superior service. Sheffield Lunch, cor. Yonge and Adelaide Sts. The lunchroom with an enviable reputation.

The Jewel Bath Outfit

The attention of physicians is called to the advertisement appearing on page xxii of this and subsequent issues of *The Hospital World.* The Jewel Bath Outfit is ideal for use in the sick room, whether in the private home or hospital, and it will pay medical men to call at the corner of Richmond and Church Streets, Toronto, and see it. The firm will welcome such visitors.

"Seal Brand" Coffee

There is nothing so refreshing to the convalescing patient as a "real good cup of coffee." In order, therefore, to satisfy such a patient, Hospital Purchasing Agents should specify none but "Chase & Sanborn." It is the pure article and has an aroma and flavor all its own.

Univernish—The Sanitary Varnish

An institution desiring to keep their hardwood floors "just right" and have them retain a lasting finish, enabling them to be scrubbed with boiling water, should try Univernish. It is absolutely sanitary, gives hard wear, and gives the floors and wood work an appearance that is difficult to obtain from any other preparation.



The Peculiar Advantage
of the

Marvel "Whirling Spray" Syringe

is that **The Marvel,** by its Centrifugal action, **dilates and flushes** the vaginal passage with a volume of whirling fluid, which smooths out the folds and permits the injection to come in contact with its entire surface.

Prominent physicians and gynecologists everywhere recommend the MARVEL Syringe in cases of Leucorrhea, Vaginitis and other Vaginal diseases. It always gives satisfaction.

All Druggists and Dealers in Surgical Instruments sell it. For literature, address

MARVEL COMPANY
25 West 45th Street, New York.

The Marvel Company was awarded the Gold Medal, Diploma and Certificate of Approbation by the Societe D'Hygiene de France, at Paris, Oct. 9, 1902.

A "sameness" that is most enjoyable——the daily, unvarying goodness of a cup of "SEAL BRAND" COFFEE. It never fails to greet you with that same exquisite fragrance, amber clearness and delightful flavour, that win people with the first cup.

In ½, 1 and 2 pound tins. Whole—ground—pulverized—also fine ground for Percolators. Never sold in bulk. 184

CHASE & SANBORN, MONTREAL.

TO THE DOCTORS OF TORONTO

Whenever, in our childhood's days, we would discuss in hushed and awed tones, the doctor-man, strange visions of a 'little black bag' would always be conjured up in our minds,—we never seemed to have seen one without the other, they were evidently quite inseparable, but we never quite knew why.

Of course we know now; and with this knowledge come the realization that there is still another friend upon whom the doctor relies,—one that is almost as essential to him as his little black bag, and that is his CAR, and this car must be kept in condition to be ready at a moment's notice.

Now, this is where we come in. We make a practice of maintaining cars in smooth running order. Pleasure cars we work on during the daytime only, but we have established a special ***Twenty-four Hour Service*** on Doctors' cars in order to enable us to return these cars to their owners with the least delay compatible with reliable work.

We have a competent staff of Automobile mechanics, with some fifty-five years' mechanical experience in the Automotive industry and representing about thirty-five years' Army service.

Our endeavor is to give courteous, honest and reliable service.

The PAXOR AUTOMOBILE & ENGINEERING CO.
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I take this opportunity of bringing under the notice of the Medical Profession and Hospitals my FINE HARDWOOD FLOORS.

As Medical Practitioners know, carpets are nothing but breeders of germ life, so that no home can be strictly sanitary unless equipped with a HARDWOOD FLOOR.

I specialize in this line of work and am prepared to lay, fill, wax and polish the best floor in the world at the most reasonable rate.

Physicians can confidently recommend me. I am prepared to give special attention to work for the Profession and will appreciate their co-operation.

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ABSOLUTELY PURE

Made fresh daily. 60c to $1.00 per lb.

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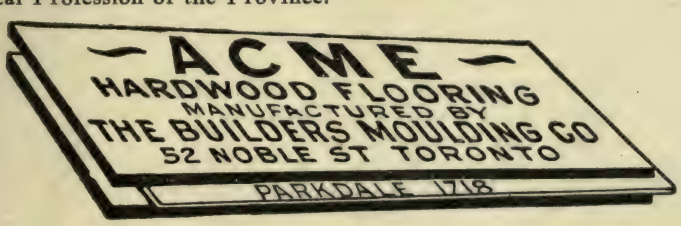
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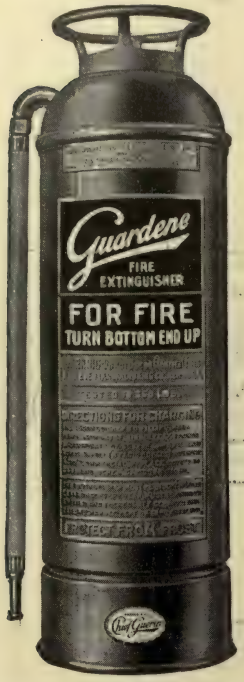
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Add postage for mailing outside city.

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Physicians, as sanitarians, know that a sick-room cannot be sanitary if the floor is covered with the old-fashioned carpet which can only harbor dust and germs. There can be but one opinion as to this, as a hardwood floor properly laid and waxed is always clean and therefore ideal for the sick-room, whether in the private home or hospital. The large majority of experts now admit that a floor laid in No. 1 quarter-cut oak is infinitely superior in every respect to battleship linoleum covering or cement. Our Acme Brand Hardwood Flooring is the finest obtainable, and we take pride in bringing it to the attention of Hospital Authorities, and the Medical Profession of the Province.





The Prevention of Fires in Hospitals

Of all buildings where a fire should be rendered an impossibility, a Hospital, Asylum or Sanatorium should come first. There should not be an Institution taking care of the sick whose Medical Superintendent does not give this first consideration.

The most effective means yet discovered of extinguishing a fire in its incipient stage is

THE

Pyrene Fire Extinguisher

A fire appliance approved by the National Board of Fire Underwriters.

PYRENE in the Hospital will relieve you of that unpleasant feeling of worry and strain, and the thought that some day you will be visited by fire which will perhaps destroy both life and property.

PYRENE Liquid is a combination of purely organic materials, having an aromatic odor and a high specific gravity. PYRENE contains neither acid, alkali, salts nor moisture, and will not stain the most delicate fabric or injure anything with which it may come in contact.

15% off Insurance rate when Pyrene is installed on auto or motor truck

When PYRENE Liquid is subjected to a temperature of 90 degrees F. or over, it is immediately transformed into a heavy dry, cohering, non-poisonous gas blanket which surrounds the burning material, cutting off the air supply necessary for the life of the fire, and thereby extinguishing it.

PYRENE IS A NON-CONDUCTOR OF ELECTRICITY

A PYRENE FIRE EXTINGUISHER should be placed in the corridors, pantries, wards, operating-rooms, Superintendent's and janitor's rooms, kitchen, boiler-room and in close proximity to the nurses' sleeping apartments. By so doing an incipient blaze can be immediately put out. It can be operated by a nurse or a boy.

Prices on application



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for thirty-six years, and would appreciate any business that Medical Practitioners can legitimately place in our way.



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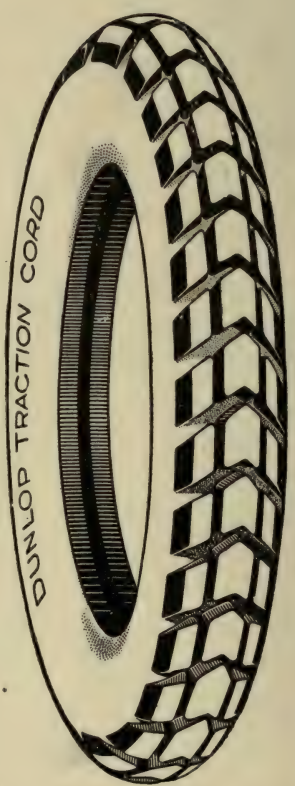
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Made in "TRACTION" and "RIBBED"

Dunlop Fabric Tires are obtainable in "Traction," "Special," "Ribbed," "Clipper" and "Plain."

All sizes—30 x 3½ to 37 x 5

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Diagnostic instruments bearing the stamp "E.S.I.Co." are manufactured by the originators and exclusive manufacturers of the most valuable diagnostic instruments known to the profession. They are designed by eminent physicians and are warranted mechanically and electrically perfect.

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General Diagnostic Outfit

includes the most generally useful instruments. This outfit weighs 4½ pounds and measures 3½ x 7 x 15 inches. It is compact and easily carried.
Illustrated and descriptive catalogue sent upon request.

Be sure of our exact name

Electro Surgical Instrument Co.
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PHYSICIANS PREFER

GLOSS *Satinette* FLAT

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SANITARY

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Elastica The Perfect Floor Finish
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TORONTO ONTARIO

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We Make a Specialty of Smoke Test Work

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and we absolutely guarantee every job we do as being first-class.

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conserves constitutional health because it promotes tooth, gum and mouth health. It allays soreness and inflammation of the gums as a result of pyorrhea. It cleans and polishes the teeth. PYORRHOCIDE POWDER is a medicated oral prophylactic—designed expressly for the prevention and treatment of

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Write for FREE copy "Causes and Effects of PYORRHEA—Its Treatment and Prevention."

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As a sick-room beverage Cowan's Cocoa is highly recommended on account of its high quality and absolute purity. It is made of the best selected cocoa beans, scientifically blended, and contains no foreign elements. And it is prepared in a large modern factory where the most sanitary conditions are maintained.

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Physicians know that floating dust in the home breeds disease. This can be overcome only by the use of a **Vacuum Cleaner.** It means health in the home, saves time, extra help and drudging labor, can be operated by a child, removing germ laden dust from carpets, rugs, etc.

This is Headquarters for all such devices and the patronage and endorsement of Physicians will be greatly appreciated.

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To the Medical Profession of Toronto

PHYSICIANS come daily into contact with Disease in its different phenomena. A large proportion of the cases under their care are due directly to either DEFECTIVE VENTILATION or DEFECTIVE DRAINAGE. Many a typhoid patient owes his or her illness to the latter cause, gases infiltrating their way into the home owing to a defective or improperly fitted trap in the plumbing. We have MADE A SPECIALTY OF DRAINAGE FOR 40 YEARS and feel justified in calling ourselves EXPERTS in that line.

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We do nothing but the best of work and stand behind it first, last and always. The Medical Health Department of the City of Toronto can speak for us, as also many of Toronto's leading Medical Practitioners.

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St. Michael's Hospital, Toronto
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Byron Sanatorium, London
Camp Hill Military Convalescent Hospital, Halifax, N.S.
Wellesley Private Hospital, Toronto, Ont.
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Keating's Powder



—the old reliable Insecticide—should be kept on hand for instant use. For basements, for dormitories, for every nook and corner where insects might gain a headway, use Keating's liberally. Harmless to human or animal life, but sure death to Flies, Fleas, Mosquitoes, Ants, Wasps Beetles, Bugs, Cockroaches, Moths.

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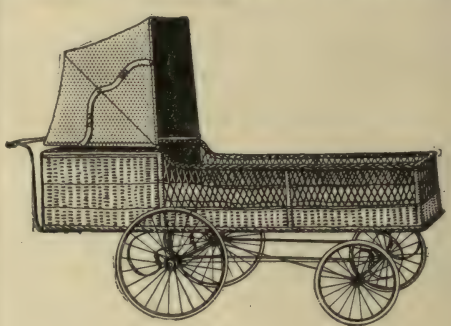
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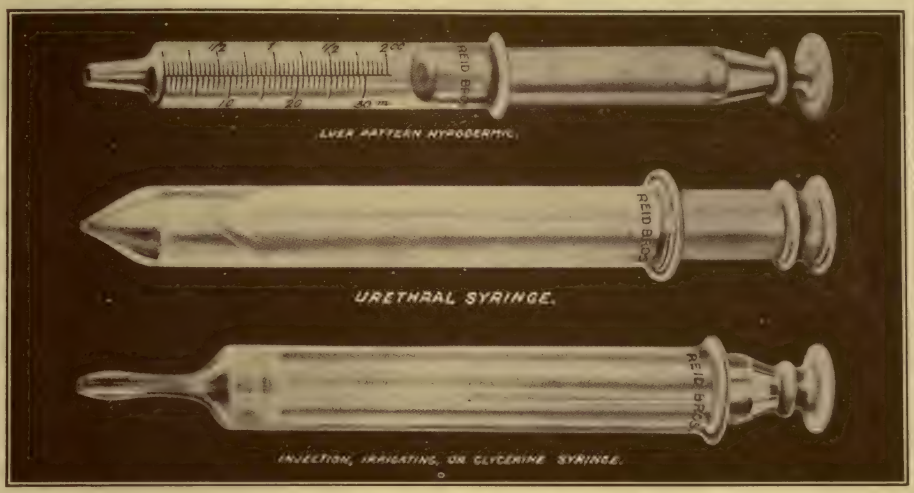


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Vol. XVI Toronto, November, 1919 No. 5

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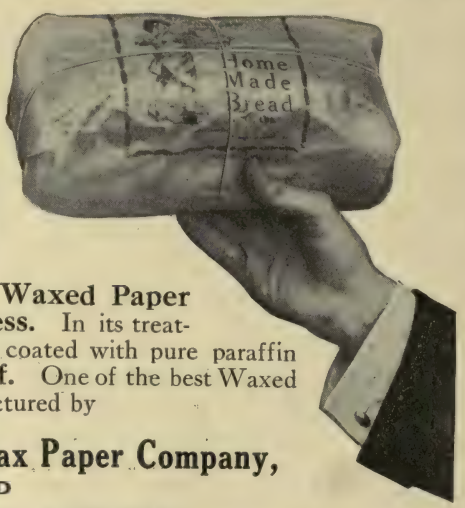
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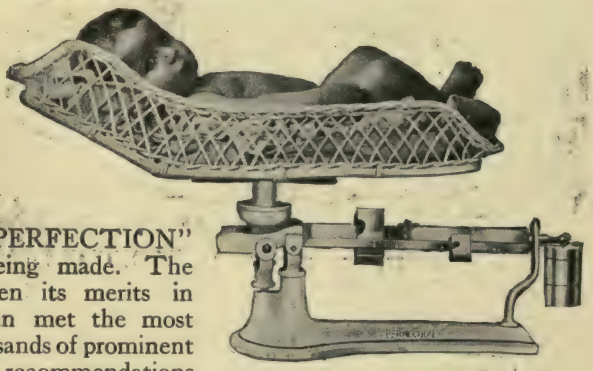
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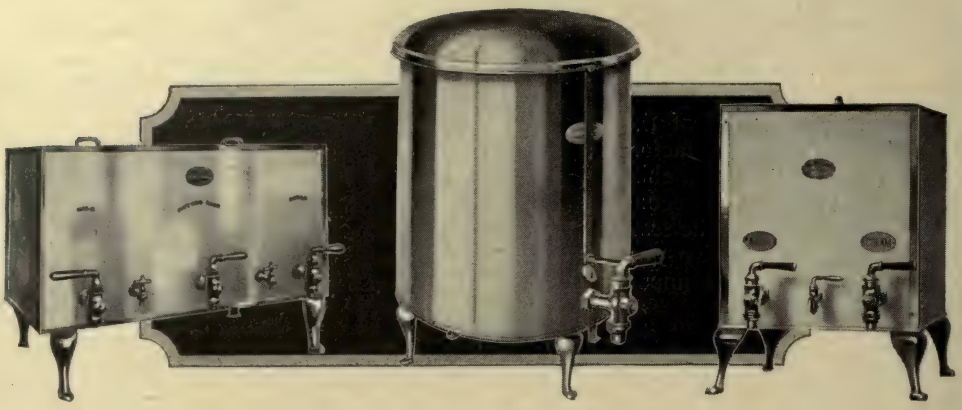
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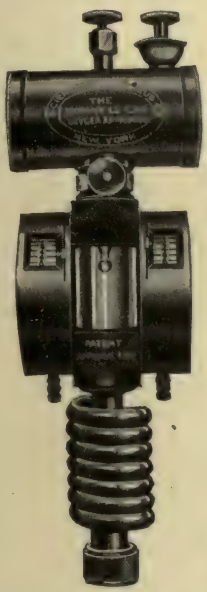
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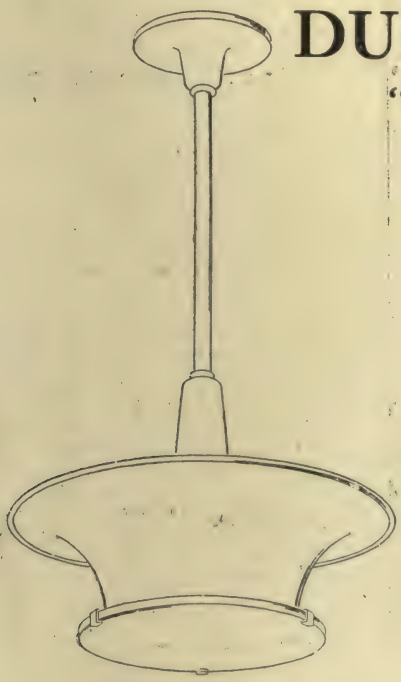
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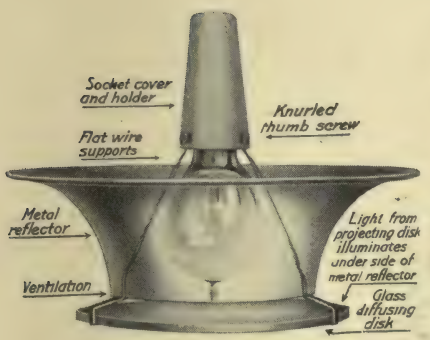
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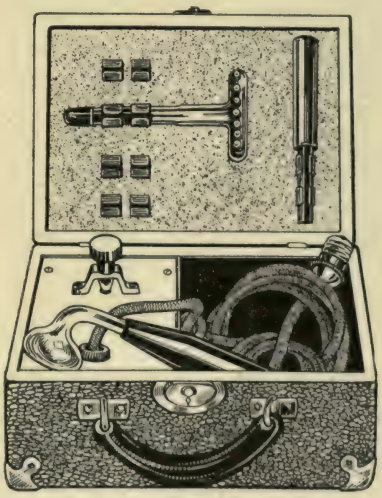
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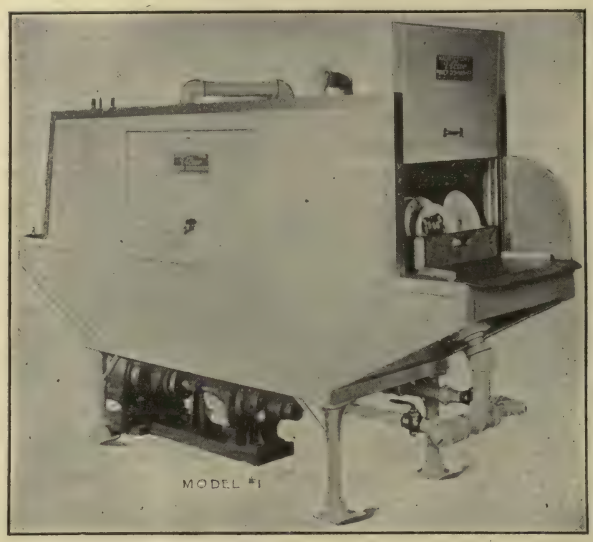
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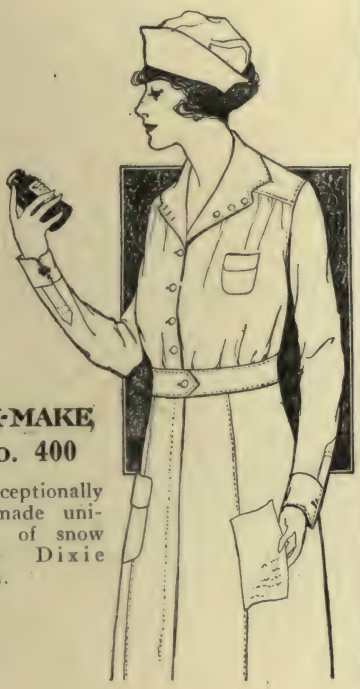
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Refinite Company Making Good on Guarantee to Customers

Manufacturer of Water Softeners Defends User of Its Apparatus in Infringement Suit Brought by Competing Concern

Assumes All Expense and Gives Full Protection

IN A RECENT ISSUE of this magazine we advised users of The Refinite Water Softener, and the trade in general, that a competing manufacturer had brought suit against a Refinite user, alleging infringement on patent rights.

That manufacturing concern, as you will recall, claimed that the use of zeolites for softening water was broadly protected by United States patents owned by that concern.

You will doubtless be interested to know that the suit, as finally instituted, is ***not against Refinite mineral but against the apparatus.***

We, as manufacturers of The Refinite Water Softener, wish to reiterate that the above court action, which so long had been threatened against users and prospective purchasers of Refinite Water Softeners, was welcomed by us, and that the matter is being handled ***by The Refinite Company.***

This is in accordance with our guarantee, made to the user of our Softener who was made defendant in the case mentioned, and to all other purchasers of Refinite Water Softeners. *Not one dollar in expense nor one minute of trouble or annoyance will be placed on them.*

We are not surprised that the suit, as brought, is not against Refinite mineral, as Refinite is a natural mineral, not a synthetic or manufactured zeolite.

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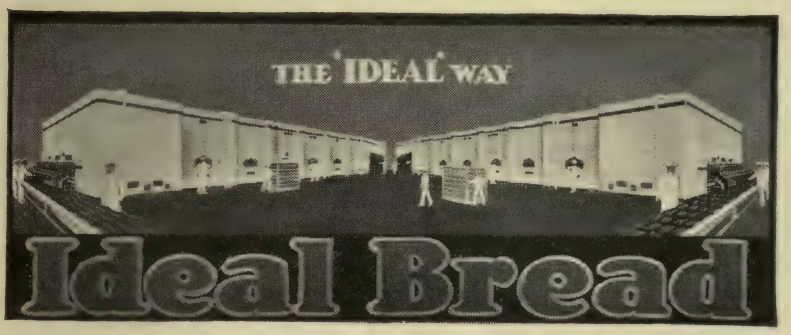
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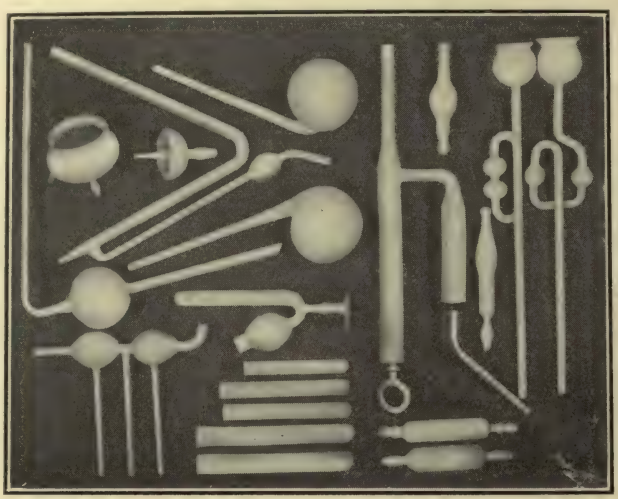
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The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums, and Public Charitable Institutions throughout the British Empire.

Vol. XVI. TORONTO, NOVEMBER, 1919 No. 5

Editorials

HOSPITAL SITES

DR. HORACE WRINCH, at the inaugural conference of British Columbia hospital workers—in an excellent paper—said: "Plenty of elbow-room should be insisted upon—to prevent the encroachment of undesirable neighbors, that there be nothing unpleasantly near, either by sight or sound, to jar the heightened sensibilities of patients, whose vitality sometimes appears to hang in the balance, requiring every favorable condition possible that the balance may turn in the right way; and, secondly, for the more positive reason, that there may be beautiful and pleasant surroundings, in which the convalescent patient may spend the time in the open air under shady trees or groves. Every hospital should stand in the centre of a park, rather than within the limited confines of a city block, much less within the limits of two or three lots of a small town or village.

Twenty to fifty acres or more would be no handicap and would afford opportunity for studies in landscape effects by the superintendent in his leisure days."

With Dr. Wrinch we agree most heartily. All hospitals should have an abundant supply of pure air and all the sunlight possible. They should be remote sufficiently from streets and railways so that the inmates may not hear the noise of traffic. Urban hospitals in central locations are usually more convenient for accidents, for visitors, for the staff and for medical students, if clinical teaching is carried on. But hospitals are not built primarily for persons in the above category. As for accidents, these may be handled in small first-aid or emergency stations, and later sent to the hospital in the suburbs, where smoke and germ-laden dust and noise are absent. The perfect site should afford air of the utmost purity (preferably not put through a plenum and washing mill), a maximum of sunshine and perfect quietude. Beverley Hospital, Massachusetts, has grounds ten acres in extent; Evanston, Illinois, five acres; Worcester, Massachusetts, seven acres; the Municipal Hospital, Philadelphia, forty-eight (and a farm nearby); the William Bachus Hospital, Norwich, Connecticut, twenty acres; Wolfsboro Hospital, New Hampshire, twenty-five acres; the Agnew Hospital, California, three hundred and twenty acres. Hospitals for Insane often have farms in conjunction—a hint for general hospitals. The big continental hospitals of Europe occupy thirty, forty, fifty acres

and upward. They are built on the pavilion plan; of one or two, sometimes three storeys, with plenty of garden space, grounds beautifully landscaped, numerous small trees (but not shading the building), shrubs and flowers. One finds terraces on a level with the ground floor, enabling the beds to be easily wheeled out of doors into the direct sunlight or into a shady nook, near to mother earth, singing birds, and blooming plants. Such surroundings spell rapid convalescence—not only because of the influence of such environment on the body alone, but also for the tranquilizing mental effect.

HOSPITALS AND THE PUBLIC HEALTH

EVERY year sees a larger proportion of sick folk going to hospital for examination and treatment. Formerly only the very sick were sent to the hospital; now many people ordinarily sick go there to be treated. They do this because it is more economical for them to do so and because their chances of recovery are greater than though they remained at home. In the modern large hospital nowadays the patient has the advantage of being subject to an examination when necessary, not only by the special medical man under whose care he is placed, but also by the radiologist (X-ray man), the special-sense specialist, the laboratory investigators; and may receive not only the immediate ordinary medical or surgical treatment (as the case may be), but also

such special forms of treatment as may be required, viz., hydrotherapy, electricity, X-ray, massage, mechano-therapy, occupational therapy and the like.

As our experience increases, we find that the earlier the disease is diagnosed the better chance there is for recovery. So it would seem advisable that ailing persons should come under medical surveillance at as early a date as possible, and receive the ounce of early treatment which may mean more than many pounds of late treatment. To consummate this desirable condition of affairs, it would be well for all our hospitals to establish diagnostic clinics to which any general practitioner might send (or better, accompany) his ailing patient, to receive the advantage of a synthetic study of the case. We daresay when this end has been accomplished, the next step will be to have a periodical examination of anyone—well or ill—at such a clinic, to ascertain if he is in proper physical condition to perform the duties of life.

The Hospital World

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Original Contribution

THE STANDARDIZATION OF HOSPITALS*

JAMES C. FYSHE, M.D.
Medical Superintendent of the Royal Alexandra Hospital, Edmonton.

You have all, no doubt, heard of late a good deal of talk regarding the Standardization of Hospitals. It has been talked about and discussed by the Americans for many years past but put into practice by them only towards the latter part of 1917. The movement has met with tremendous success in the United States, and it would now appear that no American hospital of any account can afford to ignore the standards set for its particular class by the committee appointed for the purpose. More than this, the American flood of standardization has, so to speak, overflown its banks and extended into Canada and, whether we like it or not, Canadian hospitals are being examined and classified by the Americans according to their ideas of what we should be and what not. Personally, I can see no objection to the Americans or any one else doing all the examining and classifying they want to—it can do us nothing but good to approach the ideal, as pointed out by them, as far as we can. If, however, we are to actually standardize our hospitals in Canada, it should be done on lines laid down in accordance with the conditions existing in Canada—in other words, there is, in my humble opinion, no earthly use in attempting to make the conduct of our hospitals conform in any but a general way to a given standard merely because that standard is adopted by the American College of Surgeons—in fact, I think I am safe in saying it is impossible. I heard yesterday on the very best authority that at the meeting of the American Hospital Association at Cincinnati last week, it was proposed by that body to appoint a man in British Columbia

*Read at a meeting of the Academy of Medicine, Edmonton, Alta.

to inspect and report on all Canadian hospitals. This, although I have the highest regard for the work of the man in question, I consider going just a little bit far. I think you will agree with me that if any one is to be told off for this particular job, he should at least be appointed by the Canadian Medical Association or some other equally competent Canadian authority. I am sure I should be justified in asking the Edmonton Hospital Board not to recognize such an appointment, and I am also sure I should have your support in so doing. The reasons for the standardization of hospitals are three:

1. To enable Trustees and Medical Staffs to compare the work and methods in their own hospitals with what other hospitals are doing.

2. To enable donors and supporters of hospitals to judge of the efficiency and usefulness of the institutions in which they are interested.

3. To enable the public to judge of the efficiency of the service in any hospital in order that they may know whether to patronize it or not and whether they and their friends may have the right to expect competent care when sick.

To cut a long story short, the matter dragged along through various committees from one organization to another until in September, 1916, at the meeting of the American Hospital Association in Philadelphia, Dr. John G. Bowman, then Director of the American College of Surgeons, read a paper introducing the problem and stating that the American College had a fund available for the purpose of making a concerted and definite attempt to secure hospital standardization. All hospitals were then divided for the purpose of standardization into thirty classes, and what, in the opinion of the American College of Surgeons, constituted the essential requirements for the proper conduct of each of these classes, definitely stated and published. A number of marks were allotted to each department of the hospital—medical staff administration, training school, house-keeping, laboratory and radiological equipment, and so on, in order that the percentage efficiency of the whole and the part might be more or less definitely stated.

The actual examination of the hospitals appears to have

been conducted by Dr. John G. Bowman (aforementioned) and Father Charles B. Moulinier. At any rate, these gentlemen came to Edmonton apparently on their own initiative, and made an inspection of all the local hospitals. I wrote to Dr. Bowman on my return from England and asked for his report on the Royal Alexandra Hospital—so far with a negative result.

From a study of the requirements of the American College of Surgeons no end of good can be derived and much learned that ought to be and will be put into effect here. In their thirty classes, however, there is no place for hospitals such as the Royal Alexandra and Isolation are and the Strathcona was, i.e., municipal hospitals administered by a composite, partly elected, partly appointed, Board representing various interests in the community the hospitals serve. This being the case, it is manifestly impossible to make an absolutely just comparison with the institutions differently administered. And while we are on the subject, I may say that nowhere in the American scheme of standardization have I come across an outline for the composition of the Governing Board of a hospital which is so likely to safeguard the interests of all concerned as is that of the Edmonton Hospital Board. Again, all the American standards of comparison appear to be based, as far as the medical staff is concerned, on an assumption of a "closed" instead of an "open" hospital, or if not that, as the existence of a staff appointed by the Governing Board. This is no doubt a counsel of perfection, but in view of conditions in Western Canada, at any rate, quite impractical, if indeed it be at all advisable. Dividing all the physicians and surgeons, specialist or otherwise, of a given town among the various branches of medicine practised in its hospitals and calling them the medical, surgical, obstetrical staffs, and so on, is merely rendering lip service to the American standards and does not in the least alter the fact that the hospital is an "open" one. Supervision of the medical work done in the hospital can, in my opinion, be equally well, if not better, carried on by a single live Medical Board representative of all branches of medicine than by a multitude of staffs and committees. It is for these reasons, that while

I am sure we should follow the standards set by the American College of Surgeons as closely as we can, I also consider it impossible for us to adopt them in toto and unwise to be unduly elated or depressed by the findings of their examiners. At the same time, I think it must be evident to you that the time has come for the laying down, by some central authority in Canada, of standards for the guidance of those charged with the conduct of the various classes of hospitals in the country. For this reason, too, I hope you will all do what you can to help make a success of the attempt that will next month be made here in Edmonton to organize a Provincial Hospital Association. Its objects, besides the ones enumerated above as the reasons for standardizing hospitals, will be especially:

1. To point out collectively and coherently to the public authorities the great need for increased hospital accommodation for the aged, the tuberculous, and those suffering from chronic conditions at present occupying bed space in our active treatment hospitals.

2. To raise the question of the adequacy of the Government allowance.

3. To standardize the training of nurses throughout the Province.

4. To try and get action on the great game so constantly played by municipalities—that of dumping their sick and down and outs on each other.

These and other matters of equal importance and equally deserving your consideration will occupy the attention of the meeting.

Society Proceedings

THE BRITISH COLUMBIA HOSPITAL ASSOCIATION

(Continued from October Issue.)

Dr. R. S. Somerville, Director of the Vancouver General Hospital, read a paper on the value of publicity to hospitals. The majority of people in British Columbia, he contended, knew more about the work of the base hospitals at the front, than they did of the work of hospitals in British Columbia! That was because of the many stories written and told about them. Owing to the war civilian hospitals were in greater need of support than ever before—due to the high prices. Support was based on knowledge and confidence. If hospitals are afraid to take the public into their confidence there is something lacking. Some hospitals, perhaps, were wise enough not to seek publicity. Publicity educates and enlists support. To popularize knowledge of the work a hospital does is as necessary and legitimate a proceeding as for any industrial concern to advertise its wares. To do this means support. The public can always be induced to give to worthy objects. When the character of the work a hospital does is kept in mind there was no need of assuming an apologetic attitude in inviting support. Where a close-mouthed policy was adopted ignorant gossip had full play and absurd stories became rampant. In the Vancouver General, with the advent of Dr. MacEachern, the policy of taking the newspaper men into confidence had been introduced with the best effect. One effect of publicity was to attract patients. The more that is known of a hospital's work, the better for the whole community. Some definite person should have charge of the publicity work. Many hospital incidents if published would excite interest and comment—both humorous and pathetic; and would make good copy for the friendly news writer. Admitting officers, house staff, nurses and social workers should notice and report anything of news value. Monthly and annual reports—not too technical, should

be published; likewise letters of appeal, illustrated folders descriptive of equipment. Occasional receptions direct attention to the personnel and increase the number of well-wishers. The best publicity of all is the encomiums of former patients.

"Financing the Hospital," was the subject of a paper by Mr. M. L. Grimmett. The future of hospitals lies in the direction of individual or municipal ownership and management. Alberta and Saskatchewan had already legislated upon the subject. The hospital at Merritt is paying its way. Men working in the mines, sawmills, and logging camps pay seventy-five cents a month each for hospital treatment. Public ward rates are $12 per week; semi-private $14; private $24.50. Besides tickets are sold during the first week in July for $12 each per year, which entitles the holder to certain privileges. This adds to the income. The Government pays $1 per day for the care of Indians. This is not enough. It should be $2.12. The Ladies' Auxiliary also helped out in supplying linen, raised by the proceeds from a ball. The finance committee meets monthly and scans accounts closely. If there is a man on the delinquent list who the committee thinks ought to pay, the committee sends a solicitor to collect the account.

Mr. J. J. Banfield read a paper on "The Duty of the State to the Individual." He said, in connection with hospitals, the demand for expensive equipment necessary to effectively carry on the work cannot depend for support on individual endowments and charity, but require to be financed by organizations who are in a position to raise the required money through taxation, thus reaching the indivdual members of the community. While the wealthy and the poor were provided with hospital advantages, there was a worthy self-respecting class of people who came between these two and are regarded indifferently. They represent the mass of taxpayers, and receive greater consideration from the state. All should have the unalienable right to a free diagnosis. Prevention is better than cure; and should begin with the children. If we are to continue our present system, the state and the community will be required to pay the full cost of looking after the deserving poor. The institutions can no longer do it. The constant deficits in hospital work are tiring to the directorate, and cause a fin-

ancial burden that cannot be continued except with increased state assistance.

Dr. E. D. Carder read a paper on Infectious Diseases. Most hospital troubles in respect of infection arises through incorrect diagnosis, the admission of patients for some complaint while incubating some infectious disease—the fact being unknown to the physician, infection conveyed to patients in hospital from outside sources, cross infections. An observation ward or wards was a *sine qua non* in every hospital. On entrance to a hospital every patient should be stripped and examined completely. If the diagnosis is not agreed upon the patient should be placed in an observation ward until consultation shall determine the nature of the disease. It should be ascertained if every child admitted with a non-infectious complaint and who is incubating an infectious one whether it has had any infectious disease and when; whether any other members of the family are sick at home, and whether there has been any known exposure to infection. Close examination should be made for rashes, sore throat, discharging ears. Swabs should be taken from the various orifices, and the patient should be isolated as long as necessary. Small observation wards are more desirable than one large ward. No children under twelve should be admitted as a visitor. Visitors should wear gowns. To minimize cross infections the cubicle system should be introduced and nurses shou'd be enjoined to practice medical asepsis.

THE AMERICAN HOSPITAL ASSOCIATION MEETING AT CINCINNATI, OHIO*

The American Hospital Association met at the Hotel Gibson in Cincinnati, September 8th to 12th. It proved to be the most interesting meeting yet held. Deaconesses from Protestant institutions and Sisters from Catholic hospitals sat side by side in the Association meeting. All the leading hospitals

* Report by courtesy of Rev. Dr. Frank Clare English, Interchurch World Movement of North America, New York.

in the country without distinction of grade were represented, the common aim being to learn the latest methods of hospital practice and raise the standards of efficiency.

Rev. A. G. Lohmann, Superintendent of the Deaconess Hospital of Cincinnati, welcomed the thousand and more delegates to the 21st annual convention of the Association. Major Christian R. Holmes, Executive Chairman of the Association, was confined in a New York hospital and the Rev. Mr. Lohmann presided at the opening session in his stead. Dr. Holmes sent a letter of greeting to the president of the Association, Dr. A. R. Warner, and the delegates, in which he expressed regret at not being able to be present and gratification over the new course in hospital management offered by the University of Cincinnati. He also expressed the hope that the superman or superwoman required for hospital superintendent would be better paid and his or her ability more fully recognized. On behalf of the city, Mayor Galvin welcomed the delegates. He praised Major Holmes for his splendid work in helping the bond issue which made the General Hospital of Cincinnati possible, and which he called "the greatest hospital in the world." Mayor Galvin declared that the "health programme of the country will not merely be amended, it will be entirely rewritten—and in the near future. The common problem is to provide better health for all the people and to reduce the number of unnecessary and untimely deaths." The Mayor urged the hospitals to take an active part in the matter of public health laws and seek to secure the proper hospital standards and conditions. In closing his address he said that the time was near when all hospitals would be standardized.

That Mayor Galvin was justified in his praise of the Cincinnati General Hospital is very evident, for, after the inspection of the hospital and luncheon, Col. J. D. Glennan, of Washington, who was chief of hospitalization and evacuation of the American army in France and in charge there of the "construction, equipment and operation of all the army hospitals, with beds numbering 250,000, and is now commander of the great Walter Reed Army Hospital in Washington, voiced the unanimous opinion of the Association when he said: "I had heard much of the Cincinnati General Hospital and

was very anxious to see it, and, having just completed an inspection of this great plant, I am free to say that I know of no other that surpasses it. Cincinnati may indeed feel that in the possession of so fine an institution she is blazing a path that other cities may well follow. It is great and fine and complete; the whole plant has won my admiration."

This hospital has, among other things, a department of occupational therapy. The laymen would call it "work." Special rooms in the hospital are set aside for this department. Its purpose is to take the thoughts of the patient from himself and centre them on some pleasant occupation such as basketry, weaving, raffia work and toy making. Many baskets, rugs, portieres, pillows, needlework, little wooden horses and cows were on exhibit.

Miss Imogene Poole, director of social service in the Cincinnati General Hospital, spoke of the sphere of the social worker. The physician and social workers should work hand in hand. The work of the social worker is to relieve the patient's mind of worry and to mitigate the trouble of dependency and delinquency. Much illness and dependency can be avoided if public health programmes and scientific social reform are worked out thoroughly. Miss Poole especially urged greater activity towards healthful and moral home conditions and establishing of playgrounds. In connection with social service, Dr. Charles E. Emerson, Professor of Medicine in the University of Indiana, made a strong plea for its establishment in every hospital. Among other things he classes its potential value along with that of advanced bacteriology, pathology and most recent methods of accurate diagnosis. He declared that the chief value of such service lies in its helpfulness to the poor.

Otto P. Geier, of Cincinnati, and John A. Lapp, editor of *Modern Medicine,* discussed health insurance. The feeling seemed to prevail that it was coming even more rapidly than workmen's compensation came. The United States Public Health Service has just reported on the subject, and it is being promoted by many private organizations.

The standardization of hospitals came in for much discussion. Standardization is not a set of tracts or rules that

will of themselves bring about the desired result, but a set of principles which must find their springs of action in the hearts of the profession. "In order to standardize hospitals two things are essential," declared John G. Bowman, Director of the American College of Surgeons. "The first is that there should be a monthly meeting of physicians and hospital directors to confer upon the success of their joint work. This should not be a scolding bureau, but good work should be commended and poor work brought in for review. The doctors should meet together from time to time to discuss and criticize their work. In this way a higher grade of work will be maintained. The second essential thing is that there should be adequate clinical laboratory service provided for all patients." He advocated progressive standards for hospitals, as, he declared, that neither the hospital superintendents nor the public were satisfied with present standards. He spoke of the necessity of keeping case records, research work, out-patient work, and training of nurses and internes.

Architect William O. Ludlow, of New York, in discussing the building and the patient, said that mental happiness is the first aid to a patient's recovery. The body suffers with or rejoices with the mind, especially when both are in a sensitive condition. A pleasant exterior, home-like reception hall and rooms, flowers, landscape gardening, draperies and stenciling are helpful to a speedy recovery. He praised natural ventilation, condemned ceiling lights, urged pictures to cheer the patient, advocated single rooms and home-like appearances, prettily decorated trays for food, urged the eliminating of the hospital odor and told of many methods of doing away with noises.

Another architect of New York, William D. Crow, sounded words of warning on the fire danger in hospitals. He said that many hospitals were so susceptible to fire that it would be better to raze them than try to equip them properly. Of "encyclopediac size" was the way he spoke of the amount to be said upon the necessity of fire prevention in America's hospitals. In his judgment, the situation is very grave.

Edward F. Stevens, of Boston, urged that hospital equipment be standardized. He said it was impossible to standardize

hospital building because of different locations and sites, but that a greater degree of standardization of equipment might be reached to great advantage. Economy would result and hygienic standards be raised. The plumbing should be the simplest and best; heating systems should be so unelaborate as to be "fool-proof."

Dr. J. M. Dodson, Dean of Rush Medical College, of Chicago, urged a universal adoption of the rule compelling every physician to serve a year as hospital interne before beginning his practice. In this way he would become better qualified to do efficient work, and every hospital staff would become a teaching force rendering valuable service to the community.

It was stated by Dr. Asa Bacon, superintendent of the Presbyterian Hospital of Chicago and treasurer of the American Medical Association, that the great middle class of people are ignored in the arrangement of hospitals. The private rooms are for the rich and the wards for the poor. The middle class has no accommodations. What is needed is "efficient hospitals to serve the people in moderate circumstances at charges within their means, giving them all the conveniences of the most exclusive institutions." To work this out in a practical way, it is necessary to have "a central kitchen, central linen and supply room, together with a central serving station, checking desk, pneumatic tube, exchange and dumb waiter service on the ground floor of the building. The remainder of the building is to be divided into small private rooms, except the space used for administration, operating rooms, laboratories and X-ray rooms. Each private room should be equipped with all the conveniences necessary to the comfort and wants of the sick person."

"Schools of nursing are facing a serious shortage of graduate nurses who are proficient in teaching, in public health service and in institution management," declared Miss Laura R. Logan, Supervisor of School Nursing and Health, of the University of Cincinnati. The reason given for this was that there are better opportunities offered in many other lines of endeavor. The community has not adequately or freely provided for the training of nurses, and the present method of

nurse training is not at all meeting the demand. The public must meet its responsibility in the matter of endowing or assisting with public funds the nurse training schools, or using to the fullest extent the present educational facilities to meet the needs of nurse training. It was stated that the long hours and overwork, which are traditions of hospital life, are making it very difficult to secure nurse recruits. The call for trained nurses now exceeds the supply. The deficiency will increase unless steps are taken to shorten the hours of service now demanded in hospitals. Dr. S. S. Goldwater advocated an eight-hour day for nurses instead of twelve. The labor problem in the hospitals has been serious, impairing the efficiency and development of the institutions. The financial resources have not been sufficient to meet the growing needs.

A paper by Miss Sarah E. Parsons, Superintendent of Nurses at the Massachusetts General Hospital, on the education of a nurse, caused one of the most interesting discussions of the convention. Her plea was for definite legislation prohibiting attendants at hospitals practicing as graduate nurses.

Dr. H. J. Moss, Superintendent of the Hebrew Hospital, Baltimore, said that eighty per cent. of human knowledge is obtained through the eye, and so advocated the use of motion pictures in education and financial campaigns.

Dr. A. C. Bachmeyer, Superintendent of the Cincinnati General Hospital, announced that plans had been completed for the opening of a course in hospital administration at the University of Cincinnati this fall. This course will be open to both men and women who can qualify. Business men, nurses and physicians all are eligible. It is not hoped nor planned to turn out in one year superintendents qualified to run the largest hospitals. The course is to include business management, budget making, dietetics and instructions regarding the construction of hospitals from an engineering standpoint. Frequent seminars will be held in connection with the course. There are more demands for hospital superintendents at the present time than can be supplied.

Miss Lulu Graves, of Cornell University, President of American Dietetics Association, Miss Catherine Fisher, Col-

umbia University, and Miss E. M. Geraghty, of the New Haven Hospital, outlined courses of instruction and dietetics in which it was said that native ability and general fitness are essential, and good judgment and practical experience in home management valuable. A course of training of not less than two years, to include practical work as well as theoretical, was advocated.

Eleanor Wells, of the Teachers' College, Columbia University, spoke of the hospital cafeteria as a great success in cutting the pay-roll and in serving the food better and more quickly. Food waste had been cut down twenty per cent. in some instances. The average cost of installing such a cafeteria is about $2,500.00.

Anna A. Winslow, Secretary of the Charity Organization Society of New York, thought that the worker should be thoroughly trained so that she may be an expert in purchasing foodstuffs, preparing them scientifically, prescribing them intelligently, and bringing to her profession a complete knowledge of diet and its proper administration. In her discussion of requirement in dietetics of various schools and nurses, Miss Helen Wells, of Drexel Institute, stated that California and Virginia were the only two states under the standard curriculum as presented by the National Board of Nursing Service. She advocated the adoption of such a curriculum by all states.

The question of safeguarding the hospital milk was discussed by Dr. Joseph B. Howland, Superintendent of Peter Bent Brigham Hospital, Boston. His conclusion was that only pasteurized milk should be used. He explained in detail methods of sterilizing all milk receptacles.

Dr. Hugh Cabot, Lieutenant-Colonel United States Army, and surgeon at the Massachusetts General Hospital, Boston, and Rev. John O'Grady, Secretary of the Mission on Reconstruction, National War Council, discussed the subject of clinics for social diseases and closer co-operation by the social workers and hospital staff officials.

Much interest was manifested in the talk of Edward R. Embree, Secretary of the Rockefeller Foundation and formerly member of a special commission which was sent to France to stamp out tuberculosis. After speaking of the great work of the Foundation in stamping out various diseases, he advocated

a plan to place hospitals on the same plane as the public school system of America. He favors making hospitals free, so that it will not be considered an act of charity to receive treatment at them free of charge.

The first resolution submitted to the Association was introduced by Dr. S. S. Goldwater, Superintendent of Mount Sinai Hospital, New York, asking for a representative in the conference of capital and labor to be held in Washington in the near future. This seems reasonable, as there are 400,000 persons employed by the hospitals of America, and it is desired to bring to the meeting a statement of their position, resources and requirements. The English Government has merged all health activities into a department of health, and the head is a member of the British Cabinet. Dr. Goldwater advocates the establishment of a National Health Department, whose head shall be a cabinet officer.

The enforcement of prohibition as relating to patent medicines came in for considerable discussion. Dr. Goldwater declares that the nation is suffering from patent medicine. Nine hundred million dollars are invested in patent medicine in the United States. The question is as to whether the enforcement laws will be such as to kill this business or simply injure it a little. A resolution was passed asking Congress to consider most carefully the effects which would follow the enactment of any prohibitory law. The charge was made that many patent medicine manufacturers had contributed liberally to dry campaigns from selfish purposes. The Association went on record against permitting the manufacture or sale of "vicious proprietary beverages which are nothing but alcoholic beverages possessing no medicinal value."

Other questions considered were as to whether hospitals might purchase alcoholic liquors and dispense them to their patients in the course of treatment, and whether such alcoholic liquors could be obtained tax free, as alcohol is now secured for scientific purposes.

A resolution was passed asking that all nurses in the army or navy, now or hereafter, be given proper military rank relative to officers of corresponding responsibility and authority,

in order that they may properly and efficiently discharge their duties and enforce their orders.

A most interesting resolution was suggested by Oliver H. Bartine, a New York architect, to the effect that a twenty million dollar hospital be erected in Washington, to be known as the Roosevelt National Hospital, in memory of Mr. Roosevelt. The hospital can, in all its important aspects, contain all the architectural beauty and design of art of a monument, in its expression of symbolism of Mr. Roosevelt. The cost of construction is to be met by popular subscription. Free medical care and aid would be given to American citizens, regardless of ailment or place of residence.

During the convention the American Conference on Hospital Service was organized and will take over the affairs of the American Hospital Conference, which ceases to exist. Its object will be the betterment of hospital conditions in the United States and Canada. The four vital problems to be considered immediately are the nursing situation, the development of a programme for the furnishing of hospital service under social insurance, the betterment of hospital service, and educational training for internes. If the theory advanced by this conference on hospital service can be made practical, it will be one of the most potent organizations for progressive medical work that the country has ever seen.

A meeting of the representatives of Protestant hospitals was held during the convention and the American Protestant Hospital Association was organized. Dr. Frank Clare English, of the St. Luke's Hospital, Cleveland, and Director of the Department of Hospitals and Homes in the Interchurch World Movement, was elected president. The headquarters of this Association will be in New York, where Dr. English is engaged at the present time in making a survey of all Protestant hospitals and homes in the United States and its dependencies. The Association voted to co-operate with Dr. English in this survey, with a view to enlargement and development of higher standards of service. This Association is in no way an insurgent organization from the American Hospital Association, but is formed to gain better co-operation among Protestant hospitals.

The new president of the Association is Dr. J. B. Howland, Assistant Administrator of the Massachusetts General Hospital, Boston, and Dr. L. R. Baldwin, Superintendent of the University Hospital, Minneapolis, was chosen president-elect, and will become president next year.

The Association adjourned with a feeling that this was the most successful convention ever held by the organization, and that the hospitality of Cincinnati surpassed in many ways the receptions it received elsewhere. The next meeting of the Association will be held the last week of next September in the city of Montreal.

THE BRITISH HOSPITALS ASSOCIATION

Conferences.

Conference held in Glasgow, September 29th and 30th, 1910.

Papers.

"The Social Policy of Voluntary Hospitals," by Professor C. S. Loch, LL.D., D.C.L., Secretary of the Charity Organization Society, London.

"The Abuse of the Hospital, and its Cure," by A. Scott Finnie, Esq., Secretary of the Royal Infirmary, Aberdeen.

"The Unified Medical Service and How it will Affect the Hospitals," by Mrs. Sydney Webb, D.Litt.

"Institutional Treatment of Tuberculosis," by Dr. Nathan Raw, Superintendent, Mill Road Infirmary, Liverpool.

Conference held in Manchester, September 28th and 29th, 1911.

Papers.

"The National Insurance Bill and its Probable Effects upon the Voluntary Hospitals," by Sir William Cobbett, Chairman of the Royal Infirmary, Manchester.

"The Representation of Honorary Medical Staffs upon Boards of Management of Voluntary Hospitals," by Dr. E. S.

Reynolds, Chairman of Medical Board, Royal Infirmary, Manchester.

"The Methods of Distribution of Hospital Saturday and Sunday Funds," by Charles Hopkinson, Esq.

Conference held in Birmingham, September 19th and 20th, 1912.

Papers.

"Hospitals and the State," by Sir William Collins, M.D., M.S., D.Sc. Lond.), and F.R.C.S. (Eng.).

"The Training and Work of a Hospital Almoner," by E. S. Kemp, Esq., Secretary, The Hospital Almoners' Council, London.

"The Probable Effect of the Insurance Act on Voluntary Hospitals and Other Institutions," by Nathan Raw, Esq., M.D., M.R.C.P. (Liverpool).

"The Voluntary Hospitals and the Insurance Act," by T. Basil Rhodes, Esq., M.B., B.S., North Staffordshire Infirmary.

"Hospital Management Considered with Reference to Responsibility," by J. Danvers Power, Esq., M.V.O.

Conference held in Oxford, June 26th and 27th, 1913.

Address by Sir William Osler, Bart., D.M., Hon. D.Sc., Regius Professor of Medicine.

Papers.

"Tuberculosis and the General Hospitals," by Sir Thomas Oliver, M.D., LL.D., D.Sc., F.R.C.P., Physician to the Royal Victoria Infirmary, Newcastle-upon-Tyne.

"The Upkeep of Hospitals," by Keith Young, Esq., F.R.I.B.A.

Conference held in Newcastle-upon-Tyne, June 18th to 20th, 1914.

Papers.

"The Voluntary Hospital: On Its Trial," by G. H. Hume, Esq., M.D., F.R.C.S. (Ed.), D.C.L., Vice-President, Royal Victoria Infirmary.

"The Voluntary Hospitals and Their Relation to Social Service Work," by Councillor Herbert Shaw, the Sheriff of Newcastle-upon-Tyne.

"The Proposed Bill for the Amendment of the Truck Acts," by Mr. William Straker, Corresponding Secretary, Northumberland Miners' Association.

"Pensions for Hospital Employees," by P. J. Michelli, Esq., C.M.G., Secretary, Seamen's Hospital Society, Greenwich.

Conference held at Charing Cross Hospital, London, July 30th, 1915.

Paper.

"The Shortage of Medical Officers in the Voluntary Hospitals," by J. Courtney Buchanan, Esq., Secretary and House-Governor, Metropolitan Hospital, London.

Conference held at Westminster Hospital, London, November 18th, 1915.

Paper.

"Provisional Valuations under the Finance Act, 1915, as They Affect the Voluntary Hospitals," by Sydney H. Smith, Esq., F.S.I.

Conference held at St. Bartholomew's Hospital, London, January 26th, 1917.

Paper.

"The Treatment of Venereal Diseases by the Voluntary Hospitals," by Dr. N. J. Howarth, Medical Officer of Health for the City of London.

Conference held at Westminster Hospital, London, October 19th, 1917.

Discussion opened by Rev. G. B. Cronshaw, Chairman of the Radcliffe Infirmary, Oxford.

Subjects.

(1) "Increase of the War Office Grants in Aid for the Treatment of Soldiers in the Voluntary Hospitals."

(2) "Proposed Payments by the Ministry of Pensions for the Treatment of Disabled Sailors and Soldiers."

Conference held in 1918 referred to in the Annual Report.

Objects of the Association.

The objects of the Association are to facilitate the consideration and discussion of matters connected with Hospital management and, where advisable, to take measures to further the decisions arrived at; and to afford opportunities for the acquisition of a knowledge of Hospital administration.

The Association arranges for the reading, discussion, and publication of approved papers; and for the holding of Conferences for the consideration of matters relating to Hospital administration, construction and management, medical relief, medical education in relation to Hospitals, Dispensaries, the Poor Law and other kindred subjects.

Persons eligible as members of the Association are those who at the time of their election are trustees, members of committees, or executive and professional heads of hospitals and kindred institutions.

Renewals of subscriptions and applications for membership should be addressed to the Hon. Treasurer, 1 Central Buildings, Tothill Street, Westminster, S.W. 1, accompanied by the annual subscription of half a guinea. Cheques to be crossed "Lloyd's Bank."

All communications in reference to the general business of the Association should be addressed to the Honorary Secretary, British Hospitals Association, 1 Central Buildings, Tothill Street, Westminster, S.W. 1.

Report of the Council for the Year 1918.

The Council have the honor to submit the report of the Association for the past year, together with a statement of the receipts and expenditure for the year ended December 31st, 1918.

The accounts have been duly audited by the honorary auditor, Sir Arthur F. Whinney, K.B.E. (of Messrs. Whinney,

Smith & Whinney), to whom the Council desire to express their best thanks.

As the result of a circular letter which was issued with the last annual report, there has been a considerable accession of new members during the past year, and nearly all the principal voluntary hospitals throughout the kingdom are now represented. It may be anticipated that in view of the national reconstruction which must follow the termination of the war, important questions affecting the welfare of the voluntary hospitals will arise. In these circumstances it is important that their interests should be safeguarded by an Association of those who have to administer them, and know intimately the conditions and problems which the work involves. It is obvious that the British Hospitals Association's power for usefulness would be greatly increased if every voluntary hospital throughout the country were represented in its list of members. "The British Hospitals Association" was inaugurated in 1910, with the object of bringing about co-operation of hospital managers throughout the country, by affording facilities for the consideration and discussion of matters connected with hospital management, and, where advisable, taking steps to further any decisions arrived at. The movement met with general approval, and was supported by a large number of hospitals both in London and the provinces and it may be claimed that the Association has fully justified its existence.

The negotiations during the past year with public authorities on matters of importance to the voluntary hospitals have been fruitful of beneficial results to these institutions. A considerable amount of correspondence and various enquiries for information have been dealt with by the honorary secretaries.

Grants in Aid for the Treatment of Naval Ratings.

In response to an application made to the Secretary of the Admiralty, a reply was received stating that:

"In reference to the request made by the Association, the Lords Commissioners of the Admiralty have approved of payment being made to the civil hospitals in future, according to the new scale authorized by the War Office. The Admiralty

regrets, however, that it is not possible to make such increases retrospective as regards claims which have already been settled at the old rates."

Increase in War Office Capitation Grant.

The increased grant made by the War Office in February, 1918, which was referred to in the last annual report, has given general satisfaction to the hospitals who had made provision for the treatment of military patients.

Treatment of Disabled Sailors and Soldiers.

When the arrangements were made in January, 1918, with the Ministry of Pensions for the treatment of disabled sailors and soldiers in the voluntary hospitals, it was agreed that the arrangements then made should remain in force for one year.

At the close of the year, a letter was sent to the hospitals receiving these patients, asking whether they had any recommendations to make as to future arrangements, and the replies received showed that a majority of the hospitals were desirous of continuing the existing agreements.

Ministry of Health Bill.

This important subject has received careful consideration by the Council. A pamphlet dealing with the question of the future relations of the voluntary hospitals to the proposed Ministry of Health was prepared by Mr. J. Courtney Buchanan, one of the honorary secretaries of the Association, was printed and circulated amongst the members, and was taken as the basis for discussion at a special Conference held at St. Thomas's Hospital on the 18th October, 1918. At a meeting of the Council held immediately before the Conference, the following resolution was passed unanimously:

"That the members of the Council, having considered the pamphlet prepared by Mr. J. Courtney Buchanan, and circulated by their order in August, 1918, desire hereby to record their approval of the pamphlet and general agreement with the principles and propositions set out therein."

The Conference was largely attended by representatives

of the voluntary hospitals from all parts of the country, when the following resolution was moved by Sir George Makins, C.M.G., and carried, viz.:

"That this Conference of the British Hospitals Association welcome the proposal for the formation of a Ministry of Health. This meeting is strongly of opinion that the interests both of the patients and of the community as a whole, also the progressive education and training of the medical profession and of the nurses, together with the prosecution and advance of scientific research, will be best served and provided for by the retention of the voluntary hospital system."

By a second resolution the Council of the Association, when the terms of the proposed Ministry of Health Bill are published, were requested to further consider its provisions and to take such steps as at their discretion they may determine, and to report to the members of the Association. These resolutions were passed unanimously.

A special committee has been appointed to consider the provisions of the proposed Bill, and to advise the Council thereon.

Change of Office.

Arrangements have been made with "The British Institute of Social Service" for the use of their offices, 1 Central Buildings, Tothill Street, Westminster, S.W. 1, upon payment of an inclusive charge for the accommodation. All communications should in future be sent to this address.

The Council desire to express their cordial thanks to the Board of Management of "The Metropolitan Convalescent Institution," who have generously granted the use of their office to the Association during the past five years.

H. Wade Deacon,
Chairman.

R. A. Owthwaite,
Honorary Treasurer.

J. Courtney Buchanan,
Conrad W. Thies,
Honorary Secretaries.

May, 1919.



St. John's Hospital, Toronto

Canadian Hospitals

ST. JOHN'S HOSPITAL, TORONTO

"St. John's Hospital for Women" was organized in 1885. It was the outcome of the first "Women's Dispensary" in Toronto, begun in the Sisters' Mission House on Euclid Avenue. It was established for the relief of women suffering from diseases peculiar to their sex. It is the pioneer of this work in Canada, being the first institution established in this country for the treatment of special diseases of women exclusively, and likewise it was the first private hospital. It held the field as such for many years. Patients are admitted without regard to race or religion.

All parts of the work (including the hospital laundry, linen room, sewing room, purchasing and housekeeping departments, etc.), are under the direct supervision of the Sisters. In addition to this, the Sisters who are graduate nurses, are at work throughout the hospital.

The hospital was begun with five beds, which number was increased from time to time, until in 1888, the Sisters were obliged to look about for more accommodation. New buildings were finally erected on Major Street in 1889, according to well thought out designs for purely hospital purposes, special attention being paid to the plumbing, heating and ventilation.

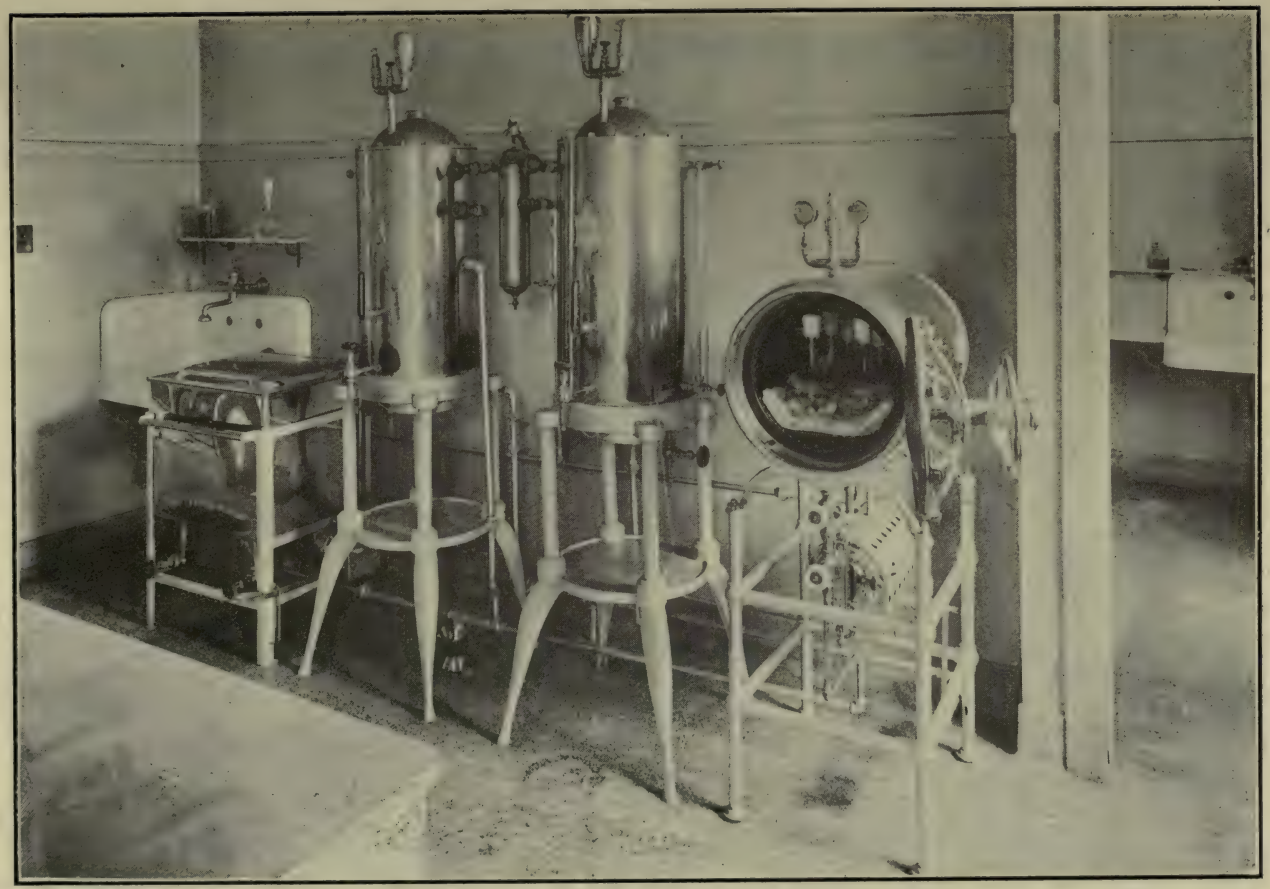
The work has steadily grown, and the present capacity is fifty beds, including the Hospital Annex, where medical cases are cared for. Special provision is also made for pneumonia and rest cases in verandah cubicles. These last proved especially valuable during the epidemic of influenza, when the whole first floor of the hospital was thrown open to the care of patients suffering from that disease. Between eighty and ninety patients were cared for, with seven fatalities.

Alterations and Improvements.

In 1915 the building of the new Operating Room was begun, which provided for the Operating Room proper, Anes-



Operating Room—Showing the Sterilizing Room and Doctors' Dressing Rooms, with the Anesthetic Room to the Left



Page 383—Hospital World, Nov., 1919. **A Part of the Sterilizing Room**



One of the Private Wards

thetic, Sterilizing and Doctors' Dressing Rooms equipped with the most up-to-date appliances. These have proved most satisfactory. A Laboratory has since been added.

By taking the ground floor dispensary, room was made for another private ward, whilst a Pharmacy was built in the basement, together with a Diet Kitchen and Special Nurses' Dressing-room. Further room was provided to meet the demand when in the summer of 1918, the hospital took over from the community two houses on Brunswick Avenue, which had hitherto been used by the Sisters as Guest Houses, but were not self-supporting.

During the past two years, the hospital has been painted throughout, and additional fire protection installed; also a switch-board connecting with the Operating Room and other parts of the house.

The hospital has recently bought the house south of the Annex on Brunswick Avenue, at a cost of $7,750. This will provide a residence for the nurses, and will free the rooms for the use of patients, which the nurses are at present occupying in the Hospital Annex.

The hospital is again facing the difficulty of limited accommodation. With the exception of $1,500 Government grant, it is entirely dependent for support on the income received from the private patients. Heretofore it has carried itself; but with the increased cost of living, and the necessity of enlarging the staff of nurses in training (due to arranging for lectures and the eight-hour-day schedule, at the same time maintaining the standard of efficient nursing and personal attention which has been a special feature of the work), this is no longer possible.

The Sisters are at the service of the profession, and are anxious to do what would be of most service to it. They are very grateful for the support which has been given them during the past years in which the hospital has been carried on.

The Training School.

In connection with the hospital is a "Training School for Nurses." The public and private wards give scope for a thorough practical experience. The opportunity for training in



Verandah Cubicles



One End of the Verandah off the Public Ward Overlooking the South Lawn

surgical and operating room technique is a special feature, each nurse being allotted three months in the operating room. Pupils attend lectures at the University, given by physicians and surgeons to the "Federated Schools of Nursing," to which federation this school belongs. These lectures are supplemented by instruction from the Sisters, and Members of the Staff. The senior classes also attend lectures at the University in connection with the medical social service. A certificate is awarded the school on which is inscribed the names of the pupils who are successful in this examination. Lectures in dietetics are taken at the Toronto Technical School, where the theory of food principles and food values, is taught, including practical demonstrations. Further practice is obtained in the hospital diet kitchen, where each nurse is required to spend two months.

Candidates for the Training School are required to have had a good general education, at least two years in a High School, or its equivalent.

The course covers a period of three years. This includes three months probation and six months in affiliated schools, four of which are spent at the Toronto General Hospital, in the men's medical ward, and the obstetrical department; and two months in the Hospital for Sick Children.

During the year ending September, 1919, there were 600 patients admitted; 586 females and 14 male. The average length of stay was twenty and five-sixths days. There are 51 beds. 342 patients were members of the Church of England; 125 Presbyterians; 65 Methodists; 26 Baptists; 18 Roman Catholics; 5 Jewish; 19 Other Denominations. Number of days, 12,564.

NOVA SCOTIA HOSPITAL GOSSIP

Several of the hospitals have recently changed their superintendents. Miss Olive F. Ryan is now superintendent of Highland View Hospital, Amherst; Miss Nina Grant, Aberdeen Hospital, New Glasgow; Miss McLean, New Waterford General Hospital; Miss Andrews, Sydney City Hospital; Miss Elizabeth Campbell, Harbour View Hospital, North Sydney;

Sister Maria Stella, St. Martha's Hospital, Antigonish; Sister Ignatius, St. Joseph's Hospital, Glace Bay, and Miss Mary McDougall, Payzant Memorial Hospital, Windsor.

Special interest attaches to the retiring of Miss Jessie M. Sheraton from the superintendency of the Aberdeen Hospital, New Glasgow. Miss Sheraton was associated with this institution from its inception until a few months ago, and under her vigorous and efficient administration it has grown to be one of the largest and best equipped of the local hospitals in Nova Scotia. A very fine nurses' home building for this hospital is just approaching completion. When it is ready for occupancy, the wing of the hospital now used as a nurses' home will be remodelled for the reception of maternity cases.

Substantial progress has been made in the construction of the Dawson Memorial Hospital at Bridgewater. The hospital is admirably situated and will accommodate some thirty patients. It is nicely planned and will have some distinctive architectural merits.

Several towns that have not had public hospital accommodation are now moving in that direction. Substantial progress has been made towards the completion of the plans in the case of the town of Dartmouth. Other towns in which interest is being actively shown include Truro, Kentville, Canso and Shelburne.

CHILDREN'S WING TO QU'APPELLE SANITARIUM

The Daughters of the Empire have planned the erection of a children's wing to Qu'Appelle Sanitarium in British Columbia. There is as yet no children's pavilion in this province for the care of tuberculous children, but the splendid efforts of the I.O.D.E. in coping with the white plague is evidenced in the King Edward Cottage, erected at the Sanitarium at Ninette, Manitoba, and the Preventorium at North Toronto, conducted under their auspices. Dr. R. G. Ferguson, superintendent of the Qu'Appelle Sanitarium, in a series of addresses recently given to the Order, asserted that to give children the fullest

measure of curative treatment they should be separated from adults. He spoke of having visited various hospitals in Canada and the United States where tubercular children were treated, and the results were indeed wonderful, especially in bone, gland, and pleurisy cases, where the sun cure was used most effectively.

LONDON WOMEN TO BUILD HOSPITAL FOR CHILDREN

The Daughters of the Empire at London, Ont., are arranging, with the endorsation of the Hospital Trust, to raise a fund for the erection and equipment of a hospital for sick children. It is claimed that such special accommodation is required for the hundreds of children who are now treated annually at Victoria General Hospital. A campaign for the building fund will be conducted early in the winter.

D.S.C.R. TAKES MORE HOSPITALS

It was learned officially, early in October, that on November 1 the Department of Soldiers' Civil Re-establishment will assume control of the military hospitals in Toronto with the exception of the Christie Street institution. The Hamilton D.S.C.R. will on this date take over control of the Brant Hospital. The hospitals to be taken over were formerly under the control of the Militia Department.

The proposition to grant $50,000 for hospital work in the County of Huron has been endorsed by the County Council Sessions from several quarters. The sum is a proposed increase for general purposes.

A resolution presented by Dr. Clarke, of Goderich, calls for the division to be as follows: Goderich and Wingham, $15,000 each; Clinton, $10,000; Seaforth and Exeter $10,000 each.

There are now no hospitals in Seaforth and Exeter.

The division referred to was in accordance with the request of a deputation which presented their claim to the Council.

CENTRES FOR RESEARCH FOR ONTARIO HOSPITALS

Centres for research is what is being planned in the immediate future for Ontario hospitals. This is in line with the forward movement now progressing throughout the Dominion. By reason of the large number of physicians and nurses who volunteered for their country's service during the period of the war the medical hospital staffs were reduced to a minimum. Recently the provincial secretary called together in conference all the Ontario Hospital Superintendents. It is the intention to rebuild and strengthen the staff of medical assistants and nurses at the various hospitals, to cope with the ever increasing need for such work, and develop at each the medical and scientific side of hospital life, particularly in research work, thus placing these institutions in the front rank of medical work as it is understood to-day.

The Ontario Hospital at Whitby, and the fine institution at Guelph were, shortly after war was declared, handed over to the Department of Militia and Defence for use as Convalescent Hospitals for returned soldiers.

It is aimed to create in each hospital district a medical centre located at the Ontario Hospital for the particular district, which can be regarded from all sides, and particularly by the medical fraternity, as the one locality where the highest attention will be paid to scientific and professional advancement.

DEPARTMENT OF NURSING, UNIVERSITY OF BRITISH COLUMBIA

The University of British Columbia has established a Department of Nursing, and those nurses taking a full course of both academic and practical training will be granted a degree in nursing. The department is to be established in connection with the Faculty of Science; the admission—matriculation or equivalent—at the discretion of the Senate. University training, two years in Arts, practical work can be taken in any hospital that comes up to the standard set down by the univer-

sity authorities, and such hospital will make formal application and submit evidence of fitness. Hospital graduate nurses may be awarded the degree by complying with such conditions as may be laid down by the Senate, and the Medical Council of British Columbia will be asked to draw up a standard of qualifications for the guidance of the Senate in reference to proposed hospital requirements.

FIRE AT SHAUGHNESSY MILITARY HOSPITAL, VANCOUVER

An unfortunate fire took place at the Shaughnessy Military Convalescent Hospital at Vancouver, on September 20th, when the east wing was totally destroyed. Fortunately the patients were carried out in safety, and the hospital equipment was saved. The Prince of Wales had planned to visit the hospital on his arrival a day or two later.

$100,000 TO HOSPITAL AT OTTAWA

The will of the late Hiram Robinson, well-known lumber man, who died recently, bequeathed $100,000 to the city of Ottawa for the new hospital. The stipulation is made that the grant is to be used within a specified time for the children's ward.

PRESENTATION TO OSHAWA HOSPITAL

Mr. George McLaughlin, of the McLaughlin Motor Car Co., recently presented a handsome X-Ray equipment to Oshawa General Hospital. The gift was greatly appreciated.

The late Senator H. W. Richardson has left a legacy of $100,000 to the Kingston General Hospital for treatment of tuberculosis only. A special wing will be built for this purpose in connection with the hospital enlargement scheme in the interests of Queen's Medical College.

THE CANADIAN ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS

The Canadian Association for the Prevention of Tuberculosis opened its nineteenth annual convention at the Chateau Laurier, Ottawa, October 9th, with the presentation of the Secretary's report for the year by Dr. George D. Porter, of Toronto, and an interesting paper on "The X-ray in the Diagnosis of Pulmonary Tuberculosis," by Dr. Harold H. Tovell. The address was illustrated by lantern slides. More than a hundred delegates were present from every Province in the Dominion, and a number from the New England States.

In his report Dr. Porter referred to a number of new sanitaria and other institutions for the treatment of tuberculosis established during the year, among them the new $250,000 Laval Hospital at St. Foye, Quebec; the Rotary Institute for diseases of the chest, opened in Vancouver; a large Provincial institution in Alberta, a new hospital for curable cases in Montreal, and new babies' wards at the I.O.D.E. Preventorium in Toronto and Saskatchewan.

Important measures have been taken by the Department of Agriculture to guard against contamination of milk. Great advances have been made by the Department of Soldiers' Civil Re-establishment in conjunction with the University of Toronto Research Department for the carrying out of serological tests on both military and civilian cases. Educational posters have been distributed, along with pamphlets by the Canadian Association for the Prevention of Tuberculosis, which has actively co-operated with the Provincial Departments of Health and other organizations in this important work.

We hope to make more extended reference to this meeting in our December issue.

ONTARIO GRADUATE NURSES HONOR THE BRAVE DEAD

Ontario Chapter of Graduate Nurses in St. Paul's Anglican Church, on Sunday, October 12th, paid honor by a memorial service, to the brave nurses of the Dominion, who gave their lives in the cause of freedom. At the same time the chapter

honored the memory of the heroic Edith Cavell, executed by the Huns in Belgium.

The majority of the nurses died of disease in the unhealthy climate of the near East, but a sad list is given of nurses, who were murdered at sea, while ministering to the wounded soldiers on the hospital ships torpedoed by the cowardly foe.

Hon. Dr. Cody preached the sermon, on the devotion of the women of Canada, in supporting their men folk, who went to fight for freedom.

The following nurses died in the service of the Canadian Army Medical Corps: Died on active service, Matron J. B. Jeggard, Nursing sisters, S. E. Munro, A. A. Tupper, S. E. Garbutt, Ethel Spark, L. A. Davies, I. L. Kealy, A. S. Forneri, A. J. Ross, L. M. Geller, M. E. Baker, V. B. Hennan, E. V. McKay, A. S. C. Dagg, M. A. Green, A. E. Whitley, A. M. King, R. L. Paugh, N. G. Rogers, C. Frederickson, R. H. McKechran, M. M. Hunt, J. A. Jarvis.

Killed in action: Nursing sister K. M. McDonald.

Died of wounds: Nursing sisters G. M. Wade, D. M. Y. Baldwin, A. McPherson, E. L. Pringle, Margaret Lowe.

Killed at sea: Matron M. H. Fraser, Nursing sisters S. C. Campbell, C. J. Douglas, H. Dussault, H. Follett, M. J. Fortescue, K. Gallagher, J. M. McDermid, M. A. McKenzie, 290 Macpherson Avenue, Toronto, R. McLean, M. B. Sampson, G. R. Fare, K. L. Stammers, J. Templeman, H. Mallett.

Dr. C. A. Rae is to be the house physician at the Isolation Hospital, Toronto, and Dr. Eric Clarke is to be in charge of the psychiatric work in the public schools. The Board of Control has approved of these appointments.

At a meeting of the Toronto General Hospital Board of Directors on October 8th, Mr. C. J. Decker was appointed superintendent of the hospital, to succeed Mr. H. L. Brittain, the former superintendent, who has retired. Mr. Decker had served as assistant superintendent under Mr. Brittain.

THE STANDARDIZATION OF RURAL HOSPITALS

Dr. Isaac S. Stone, of Washington, D.C., is in favor of bringing the standard of all hospitals, whether large or small, up to that point which would afford the best service to the public and which would require the best medical and surgical training of the staff. Sufficient information had been collected to show the number of poorly equipped hospitals in perhaps all parts of the country in towns and rural districts. Many of these were but little better than boarding houses, without the essential equipment of house staff or laboratory, or indeed anything which justified the name of hospital. It was suggested that all hospitals should be inspected by the health officer or commissioner of health, whether they were public or private institutions, and in case they were found up to the standard of requirement they should be duly licensed and required to send in a full report of the treatment of all cases during each year. The writer also favored state aid to rural hospitals when necessary, to provide hospital relief in country or remote outlying districts. Especial attention was given to consideration of rural hospitals as social service centres and for the care of obstetrical patients whose homes were remotely situated or who were unable to obtain competent professional attendance.—*West Virginia Medical Journal.*

LOCAL POST-GRADUATE COURSES

Though the establishment of an Imperial Post-Graduate School of Medicine in London be effected, such an establishment need not deter each colony or province from having a post-graduate school of its own, available for practitioners who haven't the time or the money to go to England. Such schools ought to be established at once; and it is obligatory on the various universities and medical councils to take immediate action, looking toward the provision for such an advance in medicine.

Correspondence

ARE SPECIAL HOSPITALS NECESSARY?

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—The writer of the letter under the above heading, who, in your current issue, signs himself "Ex-Governor," was probably biased in 1868, when, he states, his experience of general hospitals began. At that period all specialism was opposed by some of the senior and, therefore, more influential members of the medical and surgical staffs of the large general hospitals. Some of these men, even more out of date now than then, still survive, and still endeavour to retard the inevitable advance of medicine. Some years ago a surgeon of this type often ridiculed specialism when speaking to me; however, he seemed, later on, to have modified his opinions, for his son became one of my pupils at the Throat Hospital.

No doubt your correspondent believes in the recommendations he makes, but he obviously has seen little of the inner working of the large general hospitals, for he says, "The appointment of special officers in great institutions would certainly tend to bring to the front men who, by their proved learning and skill, had shown themselves worthy of the distinction." In this belief, as I will explain below, he is mistaken. Special appointments at general hospitals have repeatedly been given to young and inexperienced men who have worked on at these hospitals in some nondescript capacity, like Mr. Micawber, waiting for something to turn up, ready and willing to fill any specialist vacancy that arose. These appointments have often been the reward for work in the medical school or assistance to some prominent and influential member of the staff.

At one general hospital the procedure followed was this:

1. A surgeon, who for years had taught in the dissecting room, was appointed to take charge of a special department rendered vacant by the resignation of the holder of the post. The new-born specialist naturally went abroad to study, for the

first time, the special branch of surgery he had undertaken to teach. He remained there a few weeks, returned a full-blown authority, and began teaching.

2. A general surgeon on the staff, whose health had failed, was given charge of another special department, and thereafter commenced to make himself competent in this branch of surgery.

3. A younger man was appointed assistant surgeon in this department—a new post. He had, until then, been doing some clerical drudgery in the medical school. He also afterwards (not previously) proceeded to make himself familiar with the special work he was appointed to teach.

Surely these facts show what little prospect there now is in the general hospitals of bringing, as "Ex-Governor" expects, "men of proved learning and skill" to the front. Men are appointed to these posts before they have proved anything, or know anything more than the average surgeon, of the special diseases they are later to expound.

I have no reflection whatever to make on the general surgical knowledge of any of the surgeons alluded to. Nevertheless, there was certainly room, at the time of their appointment, for criticism of their knowledge of the special subjects they were appointed to teach.

The staffs of the special hospitals are not recruited from unproved, untrained men in this way; all who aspire to the officer's station must go through the ranks.

A surgeon at another general hospital consulted me as to the ability and suitability of a former student at his hospital for the post of ear and throat surgeon there. At this time he was a young man and a pupil of mine at the Throat Hospital—hence the enquiry. I expressed the belief that, with more experience, he would be fit for the post, but that at the moment he was a novice. A few weeks later this young surgeon was appointed to the special department referred to. This, also, was an example of the custom prevailing at some of the general hospitals, of appointing inexperienced men to take charge of special departments.

Now it by no means follows that a large general hospital is better managed than a small special one. When there are so many diverse specialties to deal with, none are likely to receive

such appropriate management as is found in the small special hospitals, where staff, committee, and secretary devote their attention to perfecting the treatment of disease in a limited part of the body. The small special hospital is better equipped and adapted, and more fully staffed for the class of work carried on than is possible in an institution professing to specialize in everything. In hospitals of the latter kind some of the special branches are sure to receive scant courtesy: e.g., there is a general hospital where an able though elderly ear surgeon can only make use of the operating theatre after the youngest assistant (general) surgeon has ceased to need it.

No, Sir, special hospitals, with their large teaching staffs, are at present, and for a long time will probably continue to be, the best training ground for those surgeons who desire to study special subjects. This view appears to be endorsed by the authorities and some of the large general hospitals, for of late they have appointed men to take charge of their ear and throat departments, who have made their reputations at the special hospitals.

In conclusion, I will answer "Ex-Governor" by saying that in my opinion special hospitals are not only necessary, they are essential at present to the welfare of the country. Further, they have the confidence of the poor, who resort to them in larger numbers than there are attracted by the special departments of general hospitals. They therefore deserve more recognition and support than they now receive from the Committee of King Edward's Hospital Fund.

I am, etc.,

CHARLES J. HEATH, F.R.C.S.,
Life Governor, Throat Hospital, Golden Square, W.

34 Devonshire Place, London, W.

Book Reviews

Politics and the Canadian Army Medical Corps. By Herbert A. Bruce, F.R.C.S., Eng., with introduction by Hector Charlesworth. The Ryerson Press, Toronto. 1919.

That the C.A.M.C. administration in England in the early years of the war was rather bad, owing to incompetence among those responsible, was generally admitted. Knowing that things were in a mess, Sir Sam Hughes detailed Col. Bruce to go over and investigate, than whom he could not have sent a more efficient man. Dr. Bruce was a trained surgeon, a man trained in business and the director of a large hospital. There is no doubt that this appointment was resented by medical men who had served long in the militia and who had been responsible for many of the mistakes Col. Bruce was sent to report upon, with a view to their rectification. These officials left no stone unturned to minimise the effect of Col. Bruce's criticisms. Col. Bruce's report raised such a storm that the Baptie Commission was appointed to consider it. It is quite apparent that the commissioners tried to whitewash the officials responsible for the unfortunate conditions revealed in the Bruce report. Sir George Perley, Canadian Commissioner, to the Canadian Associated Press, reported that the Baptie Board disagreed with Dr. Bruce's criticisms and recommendations, except in one or two minor instances,—a misleading statement, seeing that the Board actually were compelled by the evidence to acquiesce in many of the essential criticisms and recommendations made in his report. Col. Bruce was not allowed to be present at the sittings of the Baptie Commission. By way of rejoinder, Dr. Bruce addressed a communication, dealing with the Baptie report, to Sir Edward Kemp, then Minister of Militia and Defence, which was suppressed, though asked for, in the House of Commons. This document is presented to the public in the volume under review. Dr. Bruce presents his recommendations seriatim and proves conclusively that most of his recommendations were adopted. Baptie was discredited by the exposure of his own mal-administration of medical affairs in Mesopotamia; Jones was relieved of his job; and Ross, who

opposed Dr. Bruce's recommendation of the appointment of a medical officer to take charge of medical affairs in France, later accepted this very post which was created against his own recommendation! Dr. Bruce is to be congratulated in his clear exposure of the whole dirty business.

Cheerio. By HAROLD M. HAYS, Major M.C. U.S.A., New York: Alfred A. Knopf, 1919.

A well-told account of the experiences of a medical officer in the American Expeditionary Force. As the introductory says, "it is not pretentious, but frankly unpressionistic and sincere. . . . . Major Hays has not laid particular stress on either the dark or the light side of war. He has taken events and conditions as he found them, and in the sum total the fine has more than balanced the bitter."

Love Stories. By MARY ROBERTS RINEHART. New York: George H. Doran Company.

This collection of seven good stories concerning hospitals. doctors and nurses. All are clever and enjoyable.

TO FIGHT EPIDEMICS

THE International Committee of the Red Cross announces that the central bureau founded in Vienna to fight epidemics in Central Europe, includes delegates from Poland, German-Austria, Hungary, Jugo-Slavia, Ukraine, Czecho-Slovakia, and Roumania. The bureau proposes, by means of contributions from the states interested, to assemble a fund for the purchase of medical necessities, co-ordinate the efforts of the governments, establish a sanctuary cordon and generally interest the whole of Europe in the dreadful plights of the peoples who are being decimated by epidemics. The sub-committee which is directing the undertaking has conferred with Sir David Henderson, director-general of the League of Red Cross Societies, who declares that the establishment in Geneva of the capital of the League of Nations, will greatly facilitate joint national action.

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Cigarette Smoking in Canada

It is estimated that ninety-five per cent. of the Canadian troops were users of tobacco, and now that the men are home from the war, the cigarette continues in favor. Many of those who were at the front have told how beneficial was its use during war-time. A Montreal nurse in relating her experience amongst the Canadian soldiers remarked: "It is astonishing the wonderful soothing effect tobacco had on the wounded men. A cigarette comforts and cheers when all else fails."

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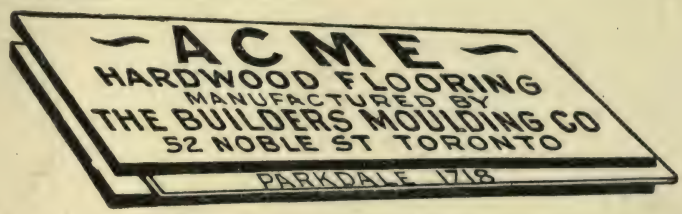
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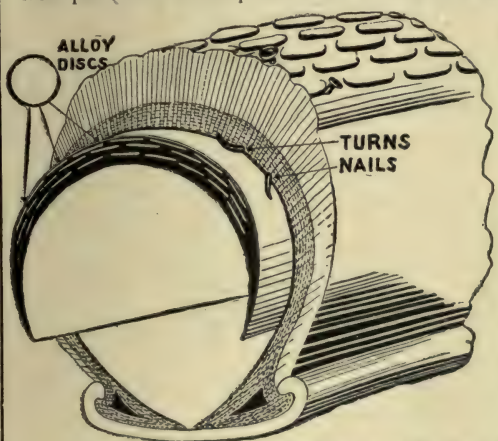
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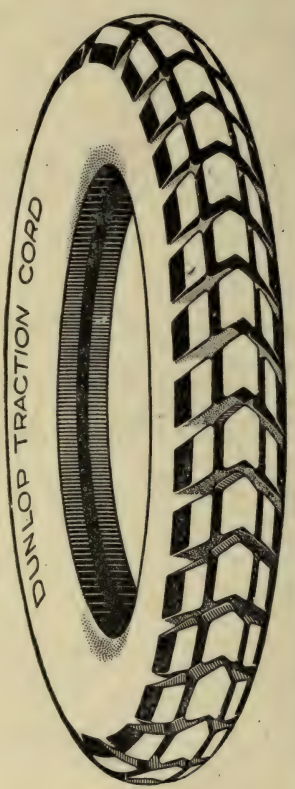
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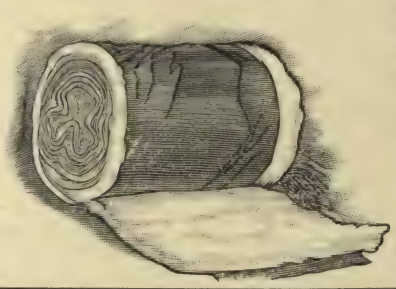
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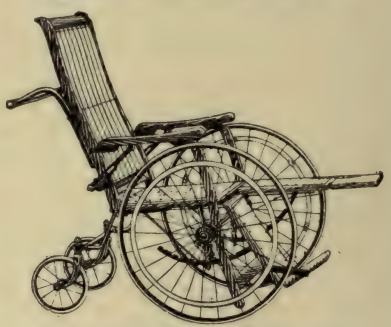
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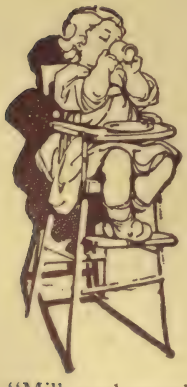
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Vol. XVI Toronto, December, 1919 No. 6

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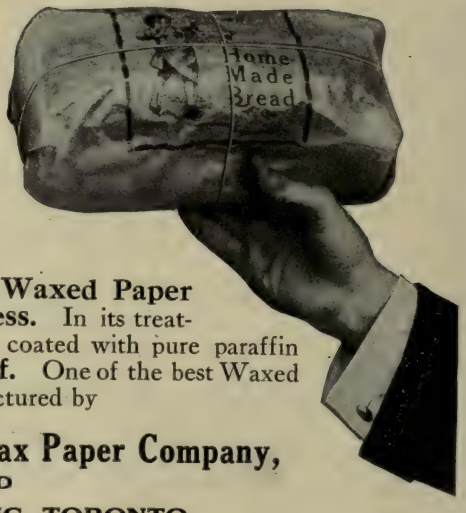


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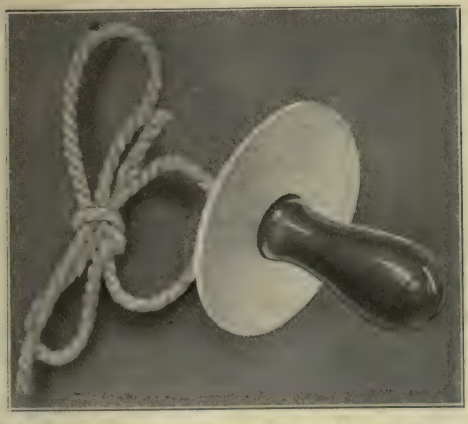
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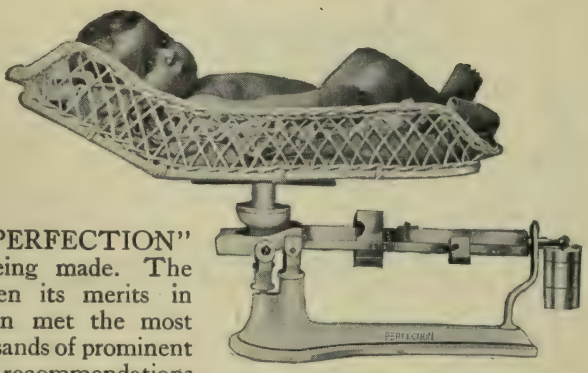
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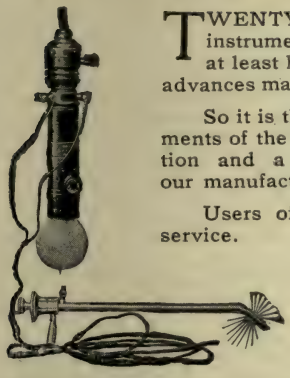
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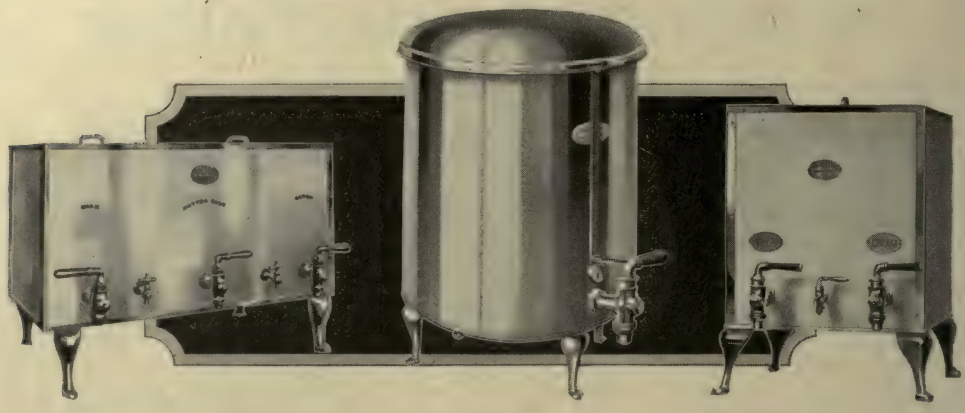
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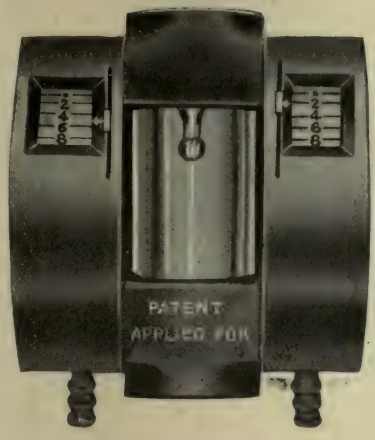
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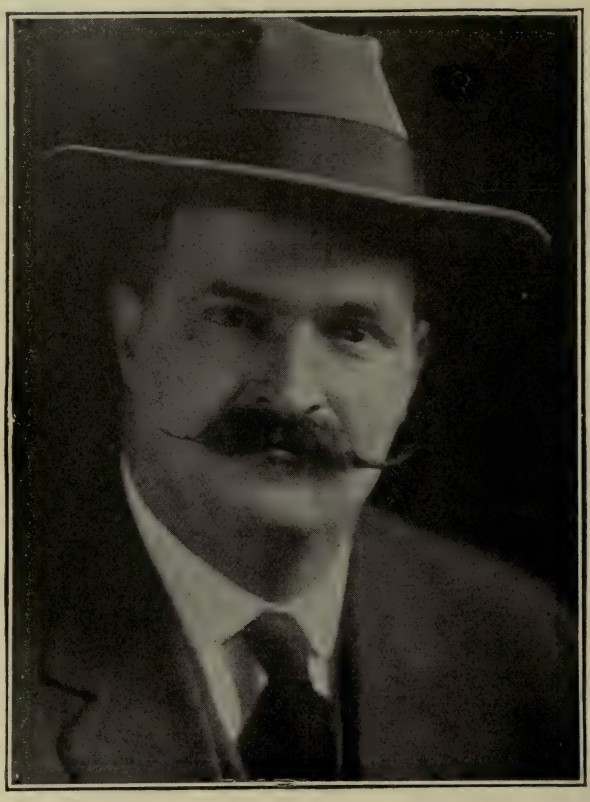
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CERTIFICATE of ANALYSIS

Date Oct. 6/19

Laboratory No. 199-2601

Analysis of macaroni

Sample Marked Puccini's "Lion Brand"

Received from The Hospital World.

Moisture	10.36%
Ash	.42
Fat	.26
Proteids	13.78
Fibre	trace
Carbohydrate	75.18

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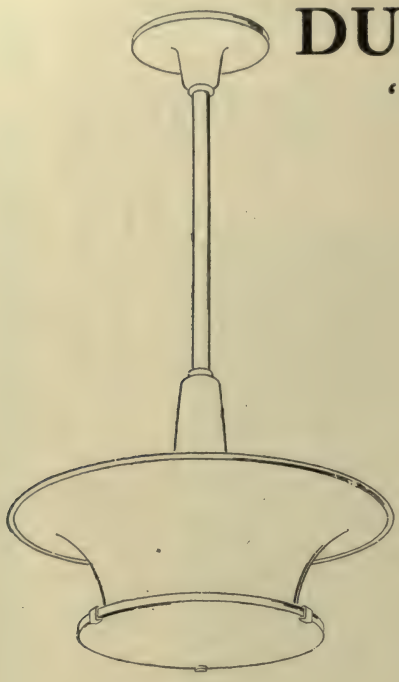
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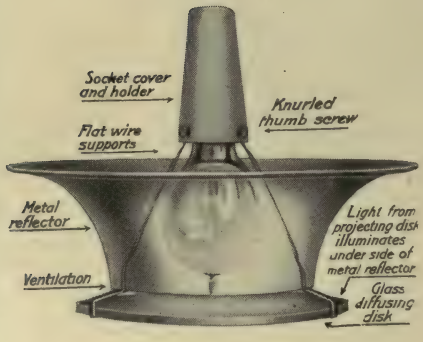
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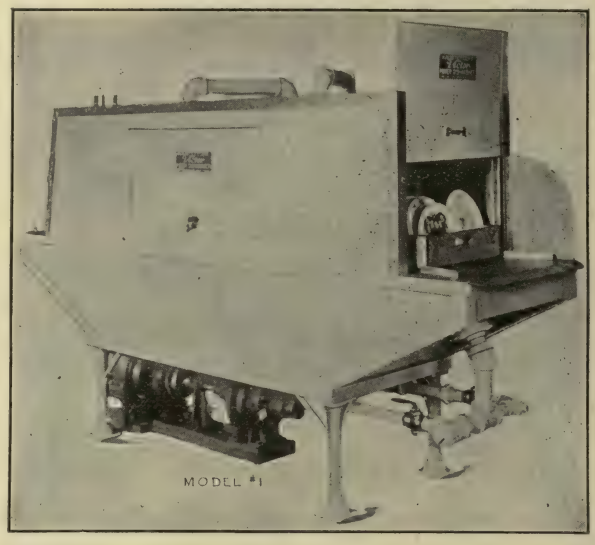
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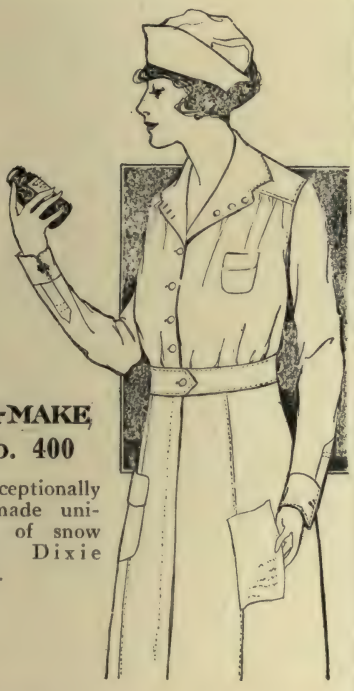
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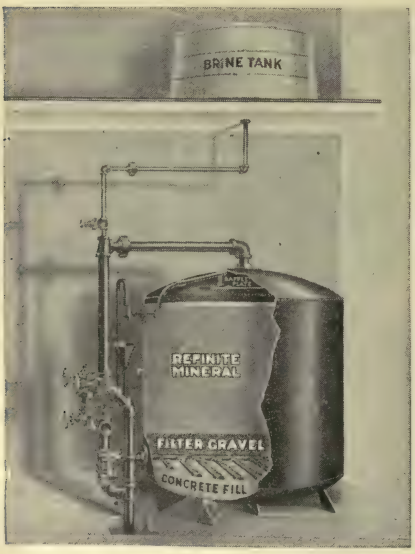
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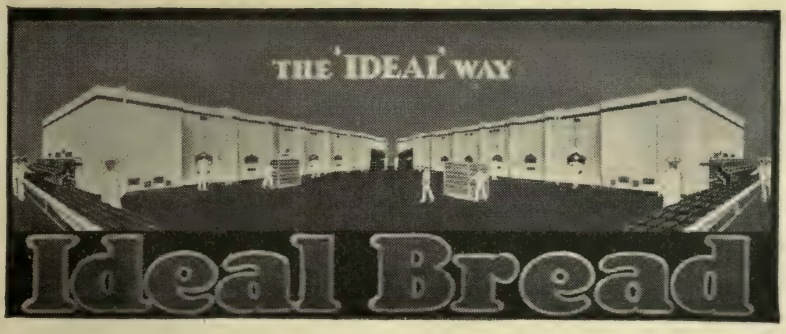
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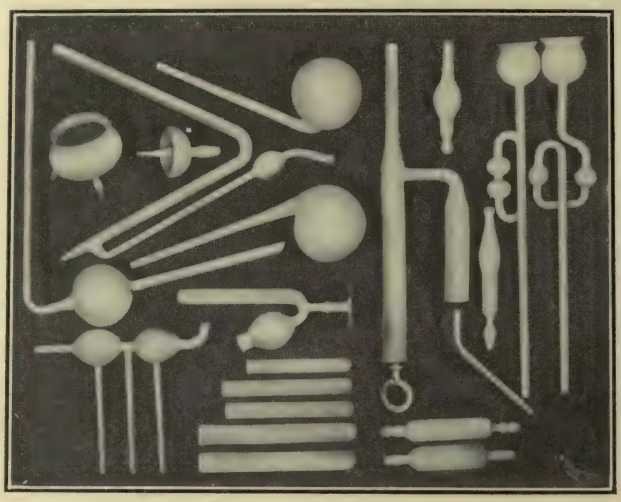
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The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums, and Public Charitable Institutions throughout the British Empire.

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Editorials

AN AMERICAN HOSPITAL IN LONDON

The British Medical Journal reports that plans for an American Hospital for Great Britain are now in an advanced stage. Lord Reading has accepted the presidency of the Board. The promoters think this will be a way of bringing the members of the medical profession of the United States and Britain into closer intimacy. The incidence of the war has brought them already into close contact. The Harvard unit, under Col. Hugh Cabot, completely staffed one of the British hospitals in France as early as 1915; and in 1917 six more British hospitals were staffed from among the profession in the United States. In 1917 the British army in France had one to two hundred surgeons on our front, and not a few of them were killed while serving under the Union Jack. Sir Anthony Bowlby says that the services they rendered can never be forgotten; and it

would be impossible to over-estimate the cordial good fellowship and mutual regard and esteem which prevailed everywhere. American doctors have likewise worked side by side with their English *confreres* upon the staffs of military hospitals in all parts of England and Scotland. The help given by the orthopedic teams was especially valuable. The American hospital will perpetuate this spirit.

The Medical Executive Committee consists of Sir William Osler, Sir Arbuthnot Lane, Sir Humphrey Rolleston, Sir John Bland-Sutton, Mr. J. Y. W. MacAllister, and Mr. Philip Franklin. Lane called the attention of the American Medical Association to the project at its last meeting in Atlantic City. He pointed out that this would be a fitting monument for those medicos who had fallen in the war; and the hospital would be a headquarters for American medical men who desired to visit Europe for post-graduate study. The American profession are keenly alive to the advantages of such an institution.

The American Committee consists of Dr. Geo. W. Crile, Dr. Mayo, Dr. Ochsner, Dr. Matas of New Orleans, and Dr. Franklin of Chicago.

We wish this movement every possible success, and would suggest that a Canadian surgeon should be appointed on the committee from this continent, and that the hospital be a headquarters for Canucks as well as Yanks.

PATENT REMEDIES

It is unfortunate that Canada is so far behind the United States in the matter of controlling the Patent Medicine evil. In the United States the National Food and Drugs Act makes false and fraudulent claims regarding the curative effects of the so-called cure-alls actionable, if those claims are made on the trade package. As a result, most patent medicine manufacturers in the States have eliminated the coarser falsehoods from their claims on the trade package, and confine their lying chiefly to the newspapers and other sources of publicity which are not, unfortunately, subject to the restrictions of the Food and Drugs Act. In Canada they continue to lie on the trade package. Of a nostrum manufactured in Toronto and sold extensively (we believe), an advertising leaflet accompanying the package says:

" Has been so universally successful as a cure-all for eczema, salt rheum, and piles, that it has come to be considered the only absolute cure for itching and irritating skin diseases, and is recommended by the best physicians everywhere. It has established itself as a household necessity in the homes of Canada and the United States, and has a record of cures unparalleled in the history of medicine. Besides being invaluable as a remedy for itching skin diseases " . . . it " cures pimples, blackheads, itching eyelids, chapped hands and chilblains, and heals sores, ulcers, and poisoned flesh, which refuse to heal under any other treatment . . . women declare

that" it "is the most effective skin beautifier in the world. It also affords instant relief and cure for the itching to which women are subject and which is especially severe during the expectant period."

Our thanks are due to Dr. A. J. Cramp for calling our attention to the above facts; and our readers must agree with him when he adds:

"It would be hard to condense more misinformation and gross exaggeration into a smaller space."

Needless to say, such claims have been entirely eliminated from the trade package advertising in the United States.

THE SALVARSAN MONOPOLY

OUR wide-awake Provincial Officer of Health recently called attention in the public prints to the matter cited in the above caption. The Synthetic Drug Company and another company were given exclusive rights to manufacture a salvarsan product in Canada, by which they have realized considerable sums of money. Neither company has any vested rights, except the priority of exploitation. By some influence they succeeded until recently in preventing the Provincial Board of Health from manufacturing and selling the remedy at a figure within reach of the majority of sufferers from the black plague of syphilis. This attitude, Dr. McCullough stated, effectually throttled endeavor for a public campaign against the fell disease.

The licenses of these favored monopolists should be terminated. They have made a-plenty. In 1915, at $2.50 per dose, $30,000 worth was disposed of; in 1916, $146,000 worth! In 1917, when the Provincial Board proposed manufacturing, they dropped the price to $1.25 per dose, and yet sold nearly $120,000 worth!

The thanks of the country are due to Dr. McCullough in bringing out the facts. It would be interesting to learn the names of the beneficiaries of these monopolies.

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Original Contributions

THE RELATION OF THE HOSPITAL TO THE MUNICIPALITY

By Dr. Malcolm T. MacEachern,
Superintendent, Vancouver General Hospital, Vancouver, B.C.

In addressing the Union of British Columbia Municipalities I fully realize that I am speaking to the people of this province through their representatives, and that by virtue of the office which you hold your electorate have confidence in you that you will conserve the best interests of your community. It is, therefore, very fitting that I should address you to-day on one of the greatest interests of your community. I am speaking to you in a representative capacity—as President of the British Columbia Hospital Association, one of the youngest but most active associations of our province, and though only two years old, we have held two wonderful conventions, each lasting three days, at which much was accomplished for the betterment of our hospitals of this province. This Association has for its objects:

(*a*) To serve as a means of intercommunication and co-operation between the hospitals in British Columbia.

(*b*) To establish, maintain and improve standards of hospital work.

(*c*) To promote the efficiency of all hospitals in the province.

(*d*) To stimulate intensive and extensive hospital development.

(*e*) To make all hospitals of more community service.

You will therefore see that we are prompted to administer hospitals with the best community interest at heart. Our work as hospital administrators stands for the cure and prevention of disease—the highest service which we can render to our fellow-citizens.

Through our efforts we must exercise various functions which indicate a much widened scope of hospital work. Briefly, they can be summed up under four headings:

1st. The care of the sick.
2nd. The training of doctors and nurses.
3rd. The extension of medical knowledge.
4th. The prevention of disease.

This is a day of reconstruction and many great problems face us in every walk of life. Our hospital system is actively undergoing reconstruction, because never before have these institutions had such important and economic functions or obligations to fulfil in the community. Did you ever stop to think that all the patients within the doors of your hospitals are non-producers, and while sick somebody else must carry on their work, Every time a person is ill it practically means that the producing capacity of four people is affected. First there is the patient himself or herself, next there is the nurse and then the doctor, and finally the person who has to do his or her work. Herein comes the economic service of the hospital, and it behooves us to extend such a service to the patient that he or she may be speedily returned to health and producing capacity. The hospitals of this province should have before them just one aim, and that is—to extend to every patient within its doors every possible service to speedily return them to health and producing capacity. If the hospital can do this it is the greatest asset and business proposition that the municipality has. Every community of from one to two thousand people usually has a hospital; possibly only a few beds, possibly a large number, but nevertheless, the degree of efficiency and service required should not be measured by the size of the institution, for after all, the patient is the unit of consideration.

The apparent apathy and indifference of people generally to our institutions we hope is a thing of the past. The wonderful hospital service rendered to the soldiers overseas through the medical and nursing divisions has been unsurpassed, and our returning soldiers will demand the continuance of that service for themselves and their families. They will not stand for hospital inefficiency, and rightly so. The returned soldier and

his family are entitled to this service at all times, as well as all civilians of our province.

My object to-day in addressing such an organization as this is, is chiefly to lay before you the present demands which our hospitals must fulfil, and to endeavor to draw the people, the municipal governments closer to the hospital, in other words "get the hospital idea." It is a big one. Just think for a moment how much money the hospital saves the municipality annually, and eliminate the idea that hospitals only spend money. Do you realize how many lives are saved annually by our hospitals and the large number of physical wrecks who are hurriedly restored to health and wage-earning capacity? It is a splendid business proposition and pays a big dividend, and the hospital and health facilities of your municipality should be recognized as a reliable index of your community standing in modern civilization. Do you appreciate your institution and its endeavors in your community, or is it not worthy of your support?

I have been administering hospitals now for eight years, during which time I have been in a great measure responsible for the hospital service to approximately seventy to eighty thousand patients, and during that time have made observations as closely as possible as to the need of the patient for the best and most scientific physical adjustment of their health, and to-day I hope that I can impress you along these lines from my experience.

Right here I want to emphasize the point that you as municipal government bodies are all-powerful because after all each State or Provincial Government is nothing more than the people's voice, and you represent the people. I wonder how many members of our different municipal bodies have made a study of hospital work. You men who have been ill and who have come under hospital care perhaps are more closely in sympathy with this question. Though I have been closely connected with the administration end of the hospital, I more fully appreciate the advantages to the patient, realizing seriously, as I do, that through its care I am to-day able to use my eyes and see this beautiful scenery round about us. Your municipality cannot afford to overlook any measure that will

ensure good health to the people. You pay a great deal of attention to schools, fire protection, police, industries, live stock, good roads—these are all fine but please remember that the most important thing in your community is the public health activities; unfortunately in a number of the municipalities they are only a secondary consideration, and whatever appropriation is recommended is usually cut down. If I should ask each municipality represented here if they are taking steps to protect their community from epidemics of typhoid fever I would get many negative replies. Do you have the milk and water which is used by your people examined from time to time? Do you know how many bacteria your people are swallowing every time they take a mouthful of milk—are they taking a few thousand or many billion? When the epidemic comes it will be too late. What protection have you against epidemics of infectious diseases, and when they come what can you do? Most likely quarantine the whole family in their home and thus throw them all out of the "producing" capacity and a burden on the municipality, whereas if you had an up-to-date infectious hospital service, the affected persons could be removed there, scientifically and properly treated and possibly lives saved, and the house could be fumigated and cleaned up and the producers go on with their work. If we want to build up a great nation we have got to look after their health. You cannot get a Class A nation from a Class C or D people.

Now, gentlemen, it is up to you. You are the controllers of the purse strings, whether it is from your own municipal purse or from the province. I am here to-day to tell you plainly that you are not giving your hospitals the financial support that is necessary. Hospital standardization has struck this continent from coast to coast, and I am glad to say that from Winnipeg to Vancouver, in Western Canada, the greatest impetus is being felt, and we as hospitals are all imbued with one idea and that is "one hundred per cent. efficient care of our patients," and this involves the best nursing and medical service possible. We have only one difficulty in hospitals to-day, and that is the fact that we are not being given enough money to carry on our work properly. Our training schools in the prov-

ince are hampered for the want of facilities and for personnel to do the teaching. Some people think that the nurses cannot get a good training unless they go to a large hospital to train, whereas this is utterly absurd. No matter how small the hospital the training in the first two years at least can be properly carried on if the instructors are available, and they have the option of going to the larger institutions in the province for the third year. Likewise the medical service will only be efficient so far as modern facilities for doing the work are provided. Many of the hospitals to-day are making efforts to improve the efficiency by raising money by tag-days, donations and other means, but why should our institutions have to go out on the street and beg? We must have more money for the hospitals of this province. To-day we have approximately sixty-five public hospitals in our province, in addition to a large number of private institutions making about 90 or 95 in all. These sixty-five institutions are supported as follows: Municipal per capita or municipal grant, provincial per capita or provincial grant, fees from patients, donations from people. I venture to say that almost every hospital in this province is carrying a deficit, and if they are carrying a surplus they are not giving the service to their patients which they require under such abnormal conditions as we are working. Very few of our institutions have had any increase in allowance, notwithstanding the fact that the high cost of living is recognized and in spite of the fact that our supplies have increased anywhere from twenty to two thousand per cent. in several cases. The institution is therefore hampered. The patient must suffer, and if we could take you through the wards and show you the patients, the sick and suffering, you would say at once, it cannot be. I could convince you in ten minutes by a short trip, that our cause is worthy and that we have to receive more support. The final analysis to-day is that the patient does not get a square deal in many hospitals because there is not the money to afford the essential facilities in all our hospitals in the province. The crisis has arrived in British Columbia. The high cost of living combined with the fact that our people have recently had a new awakening and demand a new service in our hospitals, much different to that of the past, must be

remembered. Again, why should John Jones refrain from having an X-ray which he needs because he cannot obligate himself to more expense? The X-ray is not taken, the man sacrifices necessary features for a good diagnosis and thus a more comprehensive line of treatment, and poor John Jones' case is a mess and he becomes later one of the army of the non-wage earners or possibly an incurable. The services of our institutions are in many cases so high priced, owing to financial conditions, that they are not generally used as they should be, resulting to-day in more human wrecks than are warranted and a higher death rate. Therefore, analyze your hospital—does your hospital give every man, woman and child, whether white or black, Catholic or Protestant, the one hundred per cent. efficient service demanded? Have you a good nursing and medical service? Have you given the staff the necessary facilities to do their work? Have you good medical case records of your patients so that you know what kind of work is going on in your hospital? Are you doing everything you can for your patients? If you are not then you are not fulfilling the obligations of your community. I do not want to be too radical in my statement, but I want to say that the public institution that is showing a surplus year in and year out is either an extortionist or not giving the service to humanity that is expected. The hospital workers of the Province of British Columbia—your province, are the best in the land. Recently we had our Convention, lasting three days, and the interest displayed was marvellous.

Several propositions are now being discussed in various quarters as to the future financing of hospitals. These are as follows:

1st. Increase of municipal grants or per capita allowance.
2nd. Increase of provincial grants or per capita allowance.
3rd. Complete state aid through hospital taxation scheme.
4th. The making of every municipality responsible for its sick.
5th. The extension of the Workmen's Compensation Act principle of Health Insurance to all people.
6th. The introduction of complete state medicine.

These are all being debated, and I really think that there will be some outcome in the near future, in fact there has to be. The Hospital Municipal Act to-day, with which you are all familiar, is anything but fair. A patient of the City of Vancouver can go to North Vancouver and receive hospital care perhaps costing $2.50 or $3 per day, but all North Vancouver can collect from Vancouver is $1 per day. Why should North Vancouver pay for the charity of the City of Vancouver? This Act should be changed and each municipality made responsible for its own sick. Volumes could be written on methods of better financing of hospitals in this province, and I cannot attempt to analyze them here, but I want to make clear that this province has to face the problem immediately of a different method of financing hospitals, or at least some method of increasing the amount of financial support. We are not doing and we cannot do our work unless we receive this, and the hospitals should not have to carry a deficit.

The Province of British Columbia is confronted with other health problems. We have referred already to the inadequacy of our institutions to look after infectious diseases. I think I am safe in saying that there is not one proper hospital for infectious diseases in this province, outside of possibly a small-pox hospital in the City of Vancouver. The accommodation for infectious diseases is painfully inadequate and inefficient, in fact a disgrace to a civilized nation, and many municipalities have no provision whatever. Epidemics in varying degrees occur from time to time, and surely the influenza epidemic of last year has taught us a lesson—to be prepared. The construction as well as the administration of infectious hospitals is indeed costly. The care of infectious diseases is a specialty of its own and much different to the general hospital work. Again, those institutions looking after infectious diseases may only be required at certain periods during the year, but nevertheless the nucleus of a staff has to be maintained. Last autumn a committee, of which I am a member, made a complete survey of Greater Vancouver and recommended to various municipalities a co-operative community hospital system for infectious diseases. We proposed that one large institution would accommodate the municipalities of Van-

couver, Point Grey, South Vancouver, Burnaby, and if practical, North Vancouver City and municipality and possibly West Vancouver. Similar hospital areas could be marked out through the Fraser Valley, on the other part of the mainland and on the island. An adequate ambulance service could be maintained with an efficient staff and always ready when required. However, action on this has been deferred for various reasons, but possibly more particularly because the financial outlay was not visible at present. If the municipalities desire to be able to cope with epidemics adequate provision must be made. Again, as referred to in the beginning of this address, the time lost by the wage-earner when infectious diseases occur in the home, is too much to be overlooked, meaning often the quarantine of the whole family and throwing them as a burden on to the municipality. I would therefore recommend that the municipalities of this province should arrive at some mutual agreement on a co-operative hospital system for infectious diseases.

Another problem which we must face and face immediately is the question of taking care of the incurable patient. You will all agree that this is a state or provincial duty, and we have impressed the Provincial Government with this fact for many years, but still the general hospitals of this province are looking after this unfortunate incurable. The Vancouver General Hospital, of which I am superintendent, carries about one hundred and twenty at present. Other hospitals in the province, particularly in Victoria and New Westminster, have these cases also. The incurable case is usually a victim of circumstance, accident or ill-health of some nature, making the patient physically unfit for work, often penniless, friendless and glad to seek the shelter of the hospital. These cases are pitiful ones and have nothing to look forward to the rest of their days but the comforts which the hospital can give them. Medical science with all the knowledge and skill which is possible, cannot mend these human wrecks, and we find them from the little boy nine years old in our institution to the old man or woman of ninety years. These hospitals are taking care of such cases much to their financial embarrassment, receiving in most cases sixty cents from the municipality and

forty-five cents from the Provincial Government. The majority of cases are absolutely provincial in nature—they are not the kind of patients that a general hospital should treat—they are often filling up beds which should be used for the acute cases. Some special effort must be made for our province to establish a proper home for incurables, with a small farm attached. They have done this most admirably for the mental cases of our province and we stand in a premier position so far as this class of patient is concerned. On analysis of the cases which we have at the Marpole Annex, which is attached to the Vancouver General Hospital, we find a large number of men and women who are fit for different degrees of employment. Part of the doctor's orders is to prescribe the amount of work which each patient should have. We as hospital administrators, recognize very fully that when a patient is convalescent the employment of the hands and faculties of the body does much to keep the patient contented, to pass the time, and in short they take their treatment better. Much vocational work is being carried on and already we have established in permanent employment and self-supporting capacity, some ten or twelve of our patients. The rest have their daily duties in connection with the institution and are taught to do different things. At present a large number of our patients of this institution are making articles for a bazaar, to be held next month, proceeds of which go towards the hospital. The economic factor involved in such an institution is very interesting, and it is the duty of our province to put this class of work on a well organized basis. Undoubtedly a small farm could be run in connection with such an institution to assist in its support. Every effort, therefore, must be made to establish this institution in our province as quickly as possible.

I have laid before you very briefly and possibly not as fully as I should, the needs of our province. I do not want you to feel that I am critical but to feel that I have come out plainly and told you, from my standpoint, what I think we as citizens of this province should do. The Province of British Columbia must set the pace, and I want to tell you that the eyes of Eastern and the rest of Western Canada are on British Columbia at the present day. The western provinces are taking up

hospital work vigorously, and will proceed along similar lines to our own. Your province is known beyond the confines of this Dominion from a hospital standpoint. The hospital of yesterday will not suit for to-day, and to-day will not suit for to-morrow. There are therefore three distinct hospital phases which pass along in their turn—the hospital of the past, the hospital of the present and the hospital of the future. We are through with the past, and the boarding-house type of the past must be supplanted by the real genuine institution with high ideals of the present day. We cannot have this institution without your support, your co-operation in every possible way.

In conclusion, I would like to sum up my rambling remarks in a series of recommendations:

1. That the Union of British Columbia Municipalities get closer in touch with the hospital and health activities of our province, and realize their all importance.

2. That the Union of British Columbia Municipalities take up the question of more financial support of our institutions either through,

1st. Increased municipal grant or increased municipal per capita.
2nd. Increased provincial grant or increased provincial per capita.
3rd. Complete state aid through direct taxation.
4th. Extension of Workmen's Compensation Act principle of Health Insurance to all cases.
5th. The making of each municipality entirely responsible for its own sick.

3. That the Union of British Columbia Municipalities endorse the principle of the co-operative hospital system for municipalities in the care and control of infectious diseases.

4. That the Union of British Columbia Municipalities take steps to induce the Provincial Government to establish a proper home for incurables of the province immediately.

EYE INJURIES*

By Frank C. Trebilcock, M.D., Toronto, Canada.

Every man enjoys the opportunity of speaking to others upon his hobby, and I am no exception to the rule. I take it as an honor that I am allowed that privilege to-night, and herein desire to express to you my appreciation. Quite justly you have linked with that honor the responsibility of doing what has proved a rather difficult task, namely, of making a complicated and technical subject so simple and ordinary that I hope those of you, expert along other technical lines, may enjoy the paper, while my own confreres in the work may not weary.

Certain phases of this wide subject were dealt with in a masterly manner at your Boston Convention by the president, Mr. George A. Kingston, but I hope to open others, so that while, perhaps, reviewing some things of which he spoke, and adding others, your interest will be kept alive in this difficult group of cases.

I do not intend to enter into an abstruse discussion of any subdivision of this great subject, but to draw for you a picture or two of discrete cases, with explanatory remarks as we progress.

This claimant is a man of 54 years, comes from the country, and was injured by a flying spicule of slag, which pierced his right eyeball. He is accompanied by his wife, who generally answers for him, and volunteers the information that she came with him because he is unaccustomed to the city and might get lost. He holds his head down and cringes under the light; the attempt to get him into position for examination near a tungsten lamp causes most marked screwing up of the eyelids (blepharospasm). While writing some preliminary notes, we notice, by taking hidden glances at him, that the eyes are open and the spasm gone. The general behavior of the man, the volunteered and obvious support of the wife, suggest an exagger-

*Read before the International Association of Industrial Accident Boards and Commissions, Toronto, September, 1919.

ated attempt to impress us with the serious results of the accident; perhaps he is badly injured; perhaps simply neurotic; perhaps malingering. Let us see.

The right eyeball has been injured; there is a vertical scar in the scleral coat, extending downward from the corneal margin in a vertical direction for about three-sixteenths of an inch. It is dark-colored and marks a perforation of the globe by a sharp foreign body—in this case a piece of slag (glass). Above the wound area there is a small diffuse grayish scarring, but it is limited in area, and does not extend into the centre of the cornea, so that the part over the pupil is preserved in its perfect transparency.

The wound area does not bulge, is soundly healed, and there is no evidence of corneal or conjunctival irritation. So far as the outer wall of this eye is concerned excellent recovery has followed the wounding.

Let us return now to his lid spasm in the presence of light and the hanging of the head. Now, photophobia or horror of light is nearly always dependent upon superficial lesions; remember how the children suffered when their eyes were sore in measles, or try to forget your own distress when you had that cinder in your eye; and these are manifestly surface irritations. So that with the mucous membrane of this eye so free from evidence of irritation, the healed wound, and the clear cornea, the man ought not to have photophobia and blepharospasm.

But below this surface structure there is sign of abnormality. The pupil is not round, as it should be, but is elongated vertically until its lower edge is lost behind the corneal rim. This gives us the so-called keyhole pupil; the absence of the segment of the iris is named coloboma. Such shaped pupils are occasionally seen in congenital abnormalities, but we are justified in considering this one as a sequel to the accident.

There has been perforation of the external coat of the eyeball; a spicule of slag has made a vertical stab into the rim of the anterior chamber of the globe, and on its withdrawal the squeeze of the muscles which move the eyeball in the socket has tended to empty the contents through this small opening.

Some water first escaped, then luckily the iris below the pupil was forced into or against the inner aspect of the wound, and all leakage ceased. Healing took place without infection, but the slight inflammatory bands or adhesions held this part of the iris in its new position, and when final repair is complete it can not return to its normal place; the coloboma is permanent. The only point of danger is that this bit of iris may be forced into or through the wound as my handkerchief lies between my fingers, and so interfere with the coaptation of the wound edges and prevent satisfactory healing.

In the case under discussion either that complication did not take place or the offending part was successfully removed by the attending surgeon, for here we have a perfect scar.

Looking now at this keyhole pupil under varying intensities of light we see that the free edge moves from centre to periphery, and vice versa, except in that segment where it is glued to the under-surface of the wound area. This pupil is movable, as it should be, except where mechanically tied, and as the color of the iris is exactly like the other one, we decide that there is no permanent damage done here, for unless complicated we do not consider the coloboma a very serious matter.

A glance into the keyhole pupil shows it black as the other one, so that if there be no deeper injury, little harm has been done.

The examination of the deeper parts of this eyeball is now made in the dark room by reflected light. This is not easy to demonstrate to the unpracticed man, so that you will have to accept our word for it that there is no lesion to be made out; that is to say, the crystalline lens is in its proper place immediately behind the iris and supporting it, and is perfectly transparent. Had it been scratched or pierced by the spicule of slag, it is probable that it would show a definite cloudiness, certainly at the point of injury, and likely throughout its entire substance; that is, we would have a cataract following the puncture—the typical traumatic cataract.

In the case before us, either the glass needle did not penetrate deeply enough to touch the lens or it entered so far from the corneal margin as to be external to the rim of the lens,

whose position is roughly indicated by the circumference of the cornea.

Searching carefully the posterior segment of the globe, that part behind the crystalline lens, we can find no sign of any lesion; all the structures therein contained, so sensitive to injury, so important in the process of proper and exact optic-nerve stimulation, are normal in appearance.

We should now know this eyeball from the physical standpoint thoroughly; we have noted the cosmetic blemish, the abnormal pupil, but are sure that in the direct pathway of the light rays from the object reflecting them to the retina of the eye there is no obstruction visible to our normal sight. We must conclude that so far as this eyeball is concerned the claimant ought to see, and to see almost perfectly.

I have purposely explained the eye condition to you in detail before letting you know his complaint; it is that he can not see anything with his injured eye, and that his good one is getting weaker; he is emphatic that he can not count my fingers at one foot with his right eye. The vision of his left eye, the uninjured one, is admitted to be 6/24ths, but is improved to normal, 6/6ths, with a spherical lens of one unit.

The very exaggerated contortions when he first came near the light, the normal pathway for the light rays, with denial of sight and the indefinable atmosphere about the man have aroused our suspicions of fraud from the beginning. It remains to prove the fraud and to make it clear to the man himself.

He sits opposite the ordinary testing card; with both eyes open he is told to read, and he reads easily the lines 1, 2 and 3. Into a pair of spectacle frames which he wears we put two convex lenses so strong as to blur these lines and make them unreadable; he says he can not read the top letter now. Next, in front of these lens we place the other two, but not mates—in front of the injured eye a concave one of the same units as the convex one already there—so that this convex one is now neutralized, and for examination purposes he now wears over the injured eye what is equal to plain glass, or to no glass at all; over the good eye we place another convex glass, so that the strength of the lens already there is added to and the blur

increased for this eye—the blur which he admitted a moment ago. These additions must be made quickly and simultaneously, and he must not be allowed to close either eye. You will understand that whatever he can read now he will see with the injured eye, although he will suppose that he is still using both together.

He is now asked to read; is asked without delay, for he must not have time to think; and our conduct and conversation must not suggest that we are trying to put him in a corner. Without a falter he reads the third line from the top of the card just as he did before; and it is obvious to us that he reads with the eye which a few minutes ago he had declared was so blind that he could not see his hand before his face. By covering this eye and giving him a new card, he will have to admit that his good eye can not read the top letter, and that he really was reading with the injured eye.

There is therefore no disability, for the right eye sees as well as the left one. This one fact is the end of our interest in the case.

Of course there are confirmatory tests which may be used, but in this case none was necessary, and I will not weary you with details of them.

Before leaving this type of accident, let me cite another case of almost identical wounding, with results more happy from the cosmetic standpoint, more unfortunate from the economic one. This man had the same sort of injury—a stab by a bit of slag, sharp as a knife needle. The position of the external wound was just inside the corneal margin, instead of outside, and the penetration deep enough to puncture the iris, making a permanent eccentric pupil and piercing the lens. At first I was anxious lest a small particle might be still in the globe, but as the X-ray will not show glass, there was no way of making sure on this point. In an hour after the puncture took place there were such changes in the lens transparency that one could not distinctly see the details of the vitreous chamber; the traumatic cataract was already developing. The sight of this eye is permanently very defective.

These two cases taken together illustrate many points frequently seen in punctured wounding of the eyeball, which

remains free from infection: The scleral pigmented wound, the coloboma of the iris, the perforation of the iris without ititis, the permanent eccentric pupil, the traumatic cataract following the prick of the lens. I am glad to say that the attempt at fraud is rare.

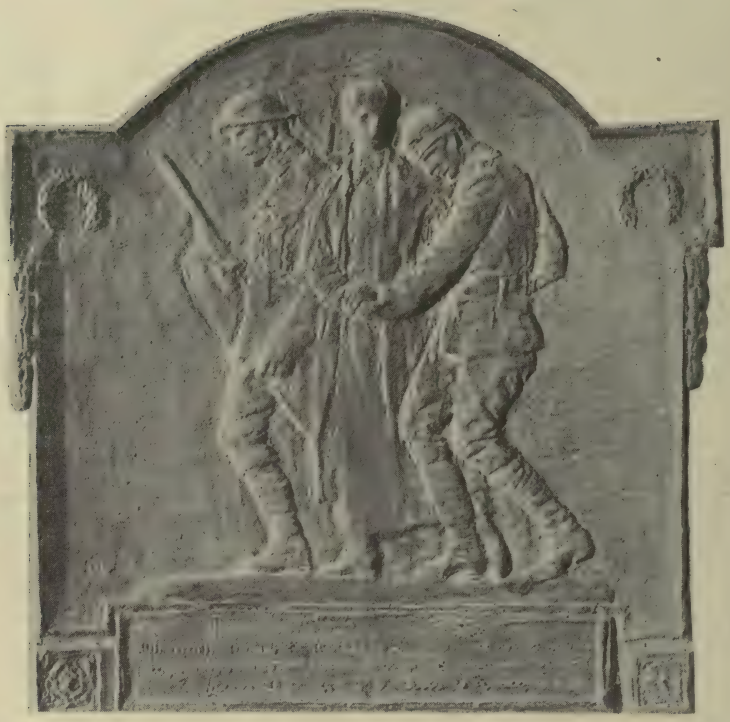
The brief review of this second case leads us naturally to a discussion of the subject of traumatic cataract. In the paper read before you a year ago by the president your attention was drawn to those lens changes of obscure origin which occasionally follow high-tension electric charges. The type of which I speak now is much easier to explain. This ordinary variety follows a break in the integrity of the lens capsule, that skinlike bag which incloses the proper substance of the lens in the same way that the chamois-skin pouch inclosed the chased-gold watches of our fathers. So long as this capsule is intact the crystalline lens is protected from the clouding influence of the contact with the water humor just in front of it. But if a rent takes place in the capsule, so that this aqueous humor can get through, then perfect transparency is lessened and cataractous change begins. I suppose that we would be justified in saying that the great majority of punctured eyeball wounds in the area covering the lens are followed by traumatic cataract, with defective vision, often complete loss.

From one standpoint this sequel to accident may be considered a fortunate one among the many which may occur, because the cataractous crystalline lens can be removed, and if there be no complications, either of the original wound or at the time of operation, satisfactory vision may be restored. However, in practice the problem is a difficult one. It is so easy to say to the patient, "Wait a while, until all signs of irritation are safely past, and then we will extract the cataract, and it is a good gamble that a reasonable measure of sight may be regained."

We have instances where such a course was followed; traumatic cataracts were very successfully removed and excellent sight regained in the injured eye, but persistent double vision worried the men when both eyes were used together, and the surgeons would be as delighted to return to the men their cataracts as the men would be to get them. This is, happily, a

rare sequel to the operation, but must be always kept in mind and fully explained to the patient when he asks for operation. I shall not worry you with the elaborate explanation of this complication, but remember that a lens of approximately 3-inch focus has been removed from the eyeball, and if anything like normal vision is to be gotten, a lens of equal strength or near it must be worn in a spectacle frame in front of the eye. This new arrangement works very well, in the vast majority of cases where the eyes can not be used together as when the other one is defective, and it works well in many cases where the uninjured one is normal, but occasionally it will not work at all. It seems to me that where one eye is performing its function normally and the operated one has to be so artificially assisted, the miracle is that any of them work well.

I know that one seldom hears complaints after these operations for traumatic cataracts, but we must not forget that there are a very large number of them, which, having deeper injuries, do not get good enough vision to cause the annoyance, and then there are exigencies at some operations which mar the outcome. I do not suggest that traumatic cataracts should not be removed when the vision of the uninjured eye is normal, I only maintain that it is a difficult problem to decide what will be best for the patient, especially when he does his work without much inconvenience, and the only indication for operation is either the cosmetic one or the widening of his visual field. I think that all the possibilities should be discussed with intelligent patients until we see that they fully understand, and that then they should be given the right and the duty of choice, and that in cases when the injured ones are unintelligent or illiterate it is better to leave well enough alone.



BAS RELIEF FOR CAVELL AND CANADIAN NURSES' MEMORIAL

The above shows a study by Miss Florence Wyle, the well-known sculptor, for a life-size bas relief in bronze, which will form the centre panel of the above memorial. It will commemorate not only Edith Cavell, who was a nurse by profession, but the thirty-six Canadian nurses who were victims of the war. The general design will take the form of a triple arch, and the side panels will contain the names of the dead nurses. It will be placed diagonally across the north-west corner of the grounds of the Toronto General Hospital, at the junction of College Street and University Avenue. The estimate of cost is $10,000, and of this sum $4,000 has already been raised. The committee, which is under Vice-regal patronage, hopes to raise the balance by small contributions from many people, thus making the interest in the tribute the greater. The officers of the Memorial Fund are Dr. Norman Allen, Chairman; A. E. Donovan, M.P.P., Treasurer; and Mrs. Frederick Munro, 4 Grange Road, Toronto, Honorary Secretary. The architects are Messrs. Darling & Pearson.

Society Proceedings

HOSPITAL STANDARDIZATION

THE following is the report of the Committee of the American Medical Association on Hospital Standardization.

In October, 1919, there were in the United States 6,468 hospitals having ten or more beds, or a total capacity of 758,442 beds. The distribution of these by States was shown in Table I. Of these hospitals 4,927 had from 10 to 100 beds; 817 had from 100 to 200; 447 had from 200 to 500, and 277 had over 500 beds. Blanks inquiring data in regard to internes sent to all hospitals brought the information that 5,342 or 82.6 per cent. were using or desired to have them. These 1,126 hospitals, however, included the larger institutions, and had 35.6 per cent. of the total bed capacity. There were 274 more hospitals desiring internes than were listed in 1913, and 439 more than were listed in 1916. These had a total number of 270,401 beds (including eighty-four hospitals for the insane, with 97,421 beds,) at the rate of thirty beds per interne for the general hospitals, and a total of 174 internes in the State hospitals. Places are provided for 5,940 internes or resident physicians as compared with 3,566 in 1913 and 4,057 in 1916. This showed the remarkable increase in the appreciation and of demand for internes. It showed also the utter impossibility of graduating a sufficient number of medical students to meet the demand even if we could multiply by four the number of physicians now graduating annually from our medical schools. It showed the necessity of employing house physicians or of providing special assistants who would do much of the work heretofore devolving on the interne. The report also presented a tentative schedule of essentials for the satisfactory training of internes.

This insisted upon the necessity of an organized staff of physicians of unquestionable integrity, both professionally and morally, who should be proficient in the special fields in which they worked in the hospitals. They should give personal attention to the patients under their charge. They should assume

an obligation to direct and supervise the training of the internes admitted to the staff. There should be clinical and pathological conferences and hospital medical societies at which staff members and internes should be encouraged to present cases which had been worked up from the clinical point of view, and on which they had read up the available literature.

Definite equipment for hospitals had been decided upon and included fully equipped pathological and clinical laboratories, a roentgen-ray department in charge of an expert, and a working medical library containing a fair supply of standard text and reference books, the better medical journals and suitable charts and models. Stress was laid on the need for complete histories and records, carefully kept, and in charge of a trained historian. The work outlined for the interne included clinical laboratory, rœntgen-ray work, anesthetics, dietetics, maternity, necropsies, and a constantly increasing responsibility under careful supervision.

In the diagnosis, daily observation, care and treatment of the patients under his service, the interne should obtain a practical experience in the applying of surgical dressings. In connection with the care and treatment of patients, as he progressed in his surgical interne services he should be authorized under careful supervision to perform not only minor surgical operations but also some of the more common major operations. In major operations the attending surgeon should stand by, or assist. The interne experience in connection with accident service was likewise highly desirable. The interne service should extend through at least twelve months and might to great advantage be continued through eighteen months or two years. Reports from the eighty-five medical colleges which conducted classes during the session of 1918-19 showed that the total enrolment of medical students was approximately 12,090, or 1,540 less than for the session 1917-18. The reduction was mainly in the freshmen classes, of which the total enrolment was approximately 2,810 for the present session, as compared with 4,283 for the previous session.

This unusual decrease was due clearly to the volunteering or drafting of pre-medical students for military service during 1917-18. With the beginning of another session following the

return of soldiers and sailors to civilian life the enrolment of students in our medical colleges would return to their previous proportions. The unusual demand for medical officers naturally created a temporary scarcity of physicians for hospitals and civilian needs, but this was to be expected and was merely a parallel to the scarcity which would undoubtedly disappear following the return of medical officers to a civilian status. The world war had called attention to special needs in every line of human endeavor. No previous war had so involved the entire world or so hazarded the very existence of practically every civilized government. In no previous war was such extensive use made of those who had reached the highest attainments of human skill and ingenuity. The urgency and extent of this demand, naturally, drew attention to the scarcity of those who were qualified to render service along highly technical or specialized lines. So in medicine there was an unprecedented demand for physicians of exceptional qualifications and skill in the various specialties, such as pathologists, bacteriologists, psychiatrists, brain surgeons, oculists, etc. Here, likewise, the urgency of the demand had forcibly revealed the fact that the supply of physicians having such skill is comparatively limited. This revelation, however, was not a criticism of medical education in the future. The war had rendered a great service in revealing the possibilities and benefits that will result from higher attainments in medicine.

This showed the necessity of continuing the campaign for improvements not only in undergraduate but also in graduate medical education. If the highest attainments were of such vital importance in great national crises how much greater would be the service to the public whether there be peace or war. The supply of physicians in this country was still greater in proportion to the population than that of any civilized country. According to the sixth edition of the American Medical Directory completed in 1918, the United States had 147,812 physicians. The total population of the United States, as given in an estimate of the census bureau in 1918, was 105,253,300—which was one physician for every 712 people. Various reports regarding the proportion of physicians to population in the countries of Europe just prior to the war, showed that in those

countries the proportion ranged from one to 1,500 to one to 2,500. This country, therefore, still had twice as many physicians to population as the most favored country of Europe. One of the great benefits of the world war was that attention had been called to the great importance of a better training of physicians, particularly along the lines of the narrowed specialties. A tremendous interest in post-graduate medical education had developed not only in the United States, but also in European and other countries. In all our larger cities there was an abundance of clinical teaching material which would be most useful for graduate medical instruction, but which was widely scattered and not readily accessible to the student. It must first be catalogued and administered by a single organization, so that information regarding the work could be obtained by the students by applying at a single place rather than at several widely scattered places. A report had just been received indicating that in New York City a movement was on foot to pool all the hospital facilities for the development of a great scheme for post-graduate medical education, and, doubtless, similar movements will soon be evident in other large cities. The closer friendship and harmony between the United States and the sister Republics of Central and South America (another result of the war), would be further extended, if through the development of post-graduate medical education, students from South American countries would be induced to, and could readily obtain instruction, in such subjects as they might desire. In this connection the exchange of professors between this and European countries and the proposed exchange of clinical clerks and clinical assistants, were steps in the right direction. The arrangement should be extended also to the countries of Central and South America.

In outlining its plans for the coming year, the report stated that it was the intention of the council to continue the work it had been doing and to make a re-inspection of medical colleges, and an inspection of all hospitals undertaking to train internes. This could be done in connection with the inspection of medical schools and would in no way conflict with the inspection of hospitals in general being made by the American College of Surgeons and other agencies. A continued study of post-grad-

uate medical education in the United States, and publicity regarding the needs of further development along that line were included in the plans of the coming year. Continued efforts would be made to safeguard each State over the chartering of educational institutions.

FIRST CONVENTION OF THE HOSPITALS OF THE PROVINCE OF ALBERTA*

This splendid convention was held at Edmonton, in the University of Alberta, on October 22nd and 23rd.

The following comprised a most interesting and instructive programme:

Wednesday, October 22nd, 1919, 10 a.m.

Prayer, by Rev. Dr. D. G. McQueen; Addresses of Welcome, by His Honor the Lieutenant-Governor of the Province of Alberta; by His Worship the Mayor of Edmonton; by John A. McDougall, Esq., President of the Edmonton Hospital Board. Convention Address, Dr. J. C. Fyshe, Superintendent of the Edmonton Hospital Board. Addresses, "The Future Hospital Field," by Dr. A. Fisher, Superintendent of the Calgary General Hospital; "The Work of the S.C.R. in the Establishment of Syphilis Clinics in Alberta," by Dr. R. T. Washburn, Officer in Charge S.C.R. Hospital, Strathcona; "The Hospital Deficit in the Light of Community Service," by Dr. D. G. Revell, University of Alberta. Address. "The Eight Hour Day for Nurses," by Miss I. M. Edy, R.N., Calgary General Hospital.

1.30 p.m.—Luncheon to Delegates, by the Edmonton Hospital Board, at Macdonald Hotel.

3 p.m.—Demonstration and Lecture, by G. V. VanTausk, Esq., District Vocational Officer, S.C.R., Calgary.

Addresses, "State Control of Nurses Trained in Hospitals in Receipt of Government Grant," by Mrs. Nat. Edwards; "Child Welfare," by Miss F. J. Scarry, Victorian Order of

* We hope to publish a full account of the proceedings next month.

Nurses. Round Table Conference, conducted by Miss F. MacMillan, R.N., Royal Alexandra Hospital.

8 P.M., FIRST PRESBYTERIAN CHURCH.

Public Meeting Community Service, The Workmen's Compensation Act Explained, by J. A. Kinney, Esq.; The Muncipal Hospitals Act Explained, by Dr. W. C. Laidlaw. Address, "The Need for Special Hospital Accommodation for the Aged and Tuberculous and the Care of the Destitute Poor in the Community," by Dr. T. H. Whitelaw, Medical Officer Health, Edmonton; "The Practical way in which the Red Cross aims at the Solution of the Health Problems in the Province," by Mrs. C. B. Waagen, Hon. Secretary of the Red Cross Society, Alberta Provincial Branch; "The Relation of Hospital to State," by Dr. G. W. Stanley, M.L.A., Calgary; "Relation of State to Hospital: The Government Grant," by the Rev. J. E. Murrell-Wright, Lethbridge; "A Short History of Hospital Development with Lantern Slides," by Dr. H. C. Jamieson, the University of Alberta.

THURSDAY, OCTOBER 23RD, 1919, 10 A.M.

Addresses, "Dietetics," by Miss Wadleigh, R.N., Calgary General Hospital; "Management of the Hospital Dietary," by Sister Duckette, R.N., Holy Cross Hospital, Calgary; "The Hospital's Organizations from the Nurses' Viewpoint," by Miss Helen Randall, R.N., British Columbia; "Standardization of Case Reporting," by Dr. W. W. Upton, Calgary; "Medical Work of S.C.R. in Relation to the Hospital Situation in the Province," by Major Geo. R. Johnson, Calgary; "The Function of a Small Hospital in the Community," by Dr. A. E. Archer, Lamont.

12 noon—Luncheon to Delegates, by the University of Alberta. Addresses, "University Influence in Hospital Development," by the President of the University of Alberta; "Teaching Problems," by Miss Rutherford, R.N., Calgary; "Ward Supervisors and the Ward Assistant," by Miss Lougheed, R.N., Calgary; "What Can be Done to Meet the Shortage of Nurses," by Miss MacDonald, R.N., Calgary.

List of Exhibitors.

The following professional and commercial firms materially aided the work of the convention by making exhibits:

The S.C.R. Hospital, Strathcona; Magoon & MacDonald, Architects, Edmonton; Ingram & Bell, Toronto; Meinecke & Co., New York; Chas. E. Frost Co., Montreal; Bovril Ltd., Montreal; J. F. Hartz Co., Ltd., Toronto; Johnson & Johnson, Montreal; A. M. Jeffers, A.A.A., R.A., Edmonton; Chandler & Fisher, Winnipeg; The Royal Crown Soaps, Ltd., Calgary; Swift Canadian Co., Ltd.; P. Burns Co., Ltd.; The Beaver Soap Co., Ltd.; Reid Bros., Vancouver, B.C.; Ross Bros., Edmonton; Esch Co., Ltd., Edmonton; Hudson's Bay Co., Ltd.; Sanitary Supply Co., Ltd., Calgary; Johnston Walker, Ltd., Edmonton; Revillon Wholesale, Ltd.; Dominion Rubber System; Graham & Reid, Edmonton; British-American Paint Co., Ltd; National Drug Co., Ltd.; Esdale Press, Ltd., Edmonton; W. G. Blaikey, Architect, Edmonton.

This, the first Convention of Hospitals in the Province of Alberta, was called with the aim of aiding the hospitals and institutions allied to hospitals in the Province of Alberta.

We hope to report this most successful meeting in our next issue.

THE AMERICAN HOSPITAL ASSOCIATION

This association has reached its majority. Most of the Old Guard who initiated this great organization are gone. The torch has been passed on. New blood has been infused and new ideas introduced. Members of this organization have been instrumental in creating new organizations—the Ohioans, the Canadians, the British Columbians, the Albertans, the Catholic Sisters and several other bodies. This is as it should be.

The parent body has ably supported hospital standardization, the training of nursing attendants, the special training of hospital administrators, uniform accounting, co-operative buying, and the general employment and special training of in-

ternes. Many papers have been contributed on hospital construction, and two or three of the members have published books embracing this aspect of hospital work as well as the subject of hospital equipment and management. The admittance of hospitals themselves to the membership of the Association, as advocated by THE HOSPITAL WORLD some years ago is now an established fact.

It is gratifying to learn that this big Association meets in Montreal next year. It met once before in Canada in 1908. Let all Canadians join together and make next year's a great meeting.

THE CANADIAN ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS*

THE nineteenth annual convention of the Canadian Association for the Prevention of Tuberculosis met in Ottawa on Thursday, October 9th, at the Château Laurier. This meeting was preceded by the fall meeting of the Ontario Laennec Society and the Department of Soldiers' Civic Re-establishment took advantage of this opportunity to hold a conference of superintendents of sanatoria caring for tuberculous soldiers. As a result, while the attendance was not large, yet the whole of Canada was fairly well represented, and more than ordinary interest was shown in plans for the vigorous extension of anti-tuberculous work throughout Canada.

The report of the secretary, Dr. Geo. D. Porter, was especially interesting, both with regard to work accomplished during the year and plans for the future. He reported that during the year the following new institutions had been established:—The new $250,000 Laval Hospital at St. Foye, Quebec; the Rotary Institution for Diseases of the Chest in Vancouver; a large provincial institution in Alberta; a new Hospital for Curable Cases in Montreal, and new Babies' Wards of the I.O.D.E. Preventoria in Toronto and Saskatchewan.

Mention was also made at the conference of sanatorium superintendents of the large increase in the number of beds for tuberculous patients now used for returned soldiers, that would

* By courtesy of Dr. J. H. Holbrook, Hamilton.

be made available for civilian patients when the present needs had passed. This will place Canada in a very favorable condition with regard to beds for tuberculosis as compared with other countries.

An interesting paper on the "X-ray in the Diagnosis of Pulmonary Tuberculosis" was given by Dr. Harold M. Tovell, in which excellent slides of chest plates were shown, and in which he urged that a more conservative course be adopted by X-ray men, in that they should report what they see in the chest plates, instead of attempting to make a positive diagnosis of clinical tuberculosis from X-ray plates alone. He also advocated that serial plates be taken in doubtful cases, reporting that X-ray examinations at intervals were as valuable for the X-ray man as interval physical examinations for the clinician.

Dr. W. J. Dobbie read a paper, entitled "What Ought to be Taught To-day About the Prevention of Tuberculosis," and his ideas met with such hearty approval that the paper will probably be widely circulated by the convention. He asserted that early childhood was the period in which tuberculous infection was implanted, and in conclusion he advocated the following measures:—

(1) The absolute protection of infants.

(2) The careful protection of young children from disease, while immunity is being developed.

(3) A more rational attitude towards and treatment of adult consumptives.

(4) The providing of maintenance assistance to needy consumptives, not only in institutions, but as well at home, where prescribed living conditions are followed.

(5) The detention of the incorrigibles, where they will be neither a danger to children nor an annoyance to their fellow adults.

Dr. J. H. Elliott gave a paper on the problem of the discharged soldier, in which he affirmed that his statement made two years ago that gas does not seem to have stirred up tuberculosis to any great extent holds good to-day. He believes that with a Federal Department of Health now in view, there will

be an opportunity to combine the work of the after-care of the discharged tuberculous soldier with that of the after-care of the discharged civilian, and asks " Why should we not give our civilian army the benefit of the same supervision?" for, " the man who has broken down with tuberculosis while an industrial worker, while on the farm, in the munition plant or elsewhere, is also a citizen who should be preserved to his country."

Dr. John B. Hawes, Jr., of Boston, was the special guest of the Association who, besides addressing the Laennec Society, gave a stirring address on the present needs of the tuberculosis campaign, and expressed surprise and disappointment that a national organization like the Canadian Association for the Prevention of Tuberculosis should be so little known.

In this connection Major-General Ryerson, of Toronto, who was the moving spirit in the foundation of the Canadian Red Cross twenty-five years ago, and who represented the Canadian Red Cross at the Convention, pointed out that an amendment to the act incorporating the Canadian Red Cross Society, which was passed some time ago by Parliament will permit the Society to use its funds for the purposes of public health, and he intimated that assistance could be looked for from this source.

The address of the retiring president, Mr. J. A. Machado, was a very valuable contribution, in which he stated that one of the most striking things the war had revealed was the great percentage of men between twenty and thirty years of age, physically unfit for military service. He strongly urged that " we use all our influence and exert all our power to help bring about a new condition in Canada, not only in our cities, but more especially in our rural districts, so that our children may grow up physically perfect, and thus fitted to bear the stress and strain of the activities of adult life." He concluded his address by saying, " while we must encourage the building of hospitals to care for those who are sick, our greatest contribution will be to assist in bringing about fundamental conditions which will produce and maintain a healthy, strong people."

Every session of the convention gave evidence of the earnestness of those present, and a determination to build up and expand the anti-tuberculosis work of Canada, in the light of war experience, and the meeting of the executive council showed

an interest and a sense of responsibility that has not probably been present since the very early days of the Association. The executive pledged itself to secure for Dr. Porter both the financial and the moral support that has been more or less lacking in past years.

The new president of the Association is Senator F. L. Schaffner, M.D., of Boissevain, Manitoba, and the next place of meeting will probably be Vancouver, B.C.

HOSPITAL EXPANSION

The Children's Bureau inaugurated a conference on Child Welfare Standards in Washington as the first of a series to be held in cities throughout the United States as the formal closing functions of the Children's year. At these conferences were representatives of England, Belgium, France, Japan, Italy and Serbia, in addition to leaders in Child Welfare in the United States.

Various tentative standards were adopted for the protection of the health of children, and attention is merited by the type of service demanded in connection with the problems of infant and child welfare. Among the significant features is the emphasis which is placed upon adequate medical and dental care. Beginning with provisions of standards for maternity centres, there is a demand for clinics and maternity hospitals or maternity wards sufficient to provide care in all complicated cases and for all women wishing hospital care. There is a call for the training and registration of household attendants to act under the supervision of physicians or public health nurses for sickness in the home.

Children Health Centres are called for, with special clinics for the teeth, eye, ear, nose, or throat, the venereal diseases, and such other clinics as may be required for the treatment of defects and diseases, to be supplemented by children's hospitals or beds in general hospitals or provision for adequate medical and nursing care at the home. Coupled with these demands is the suggestion of clinics for orthopedic work and for the management of skin diseases, and nutrition classes for

subnormal children. A most striking standard is the examination of all typical or retarded children by a psychiatrist.

The complete set of standards indicates a recognition of the needs of hospital development along lines essentially co-operative with the innumerable social agencies aiming to safeguard maternity, to decrease infant mortality, to conserve the health of the children during the pre-school age, and to make adequate provision for the health and welfare of children during the entire period in the educational system. It is significant of the increased strain which is to be placed upon institutions for the promotion of health, either by curative or preventive efforts. The expansion of hospital administration appears to be assured if there is full appreciation by hospital trustees of the sphere of social usefulness which is ever increasing. Obviously, county, municipal, and state institutions will be able to expand their facilities as rapidly as public interest warrants the necessary appropriations.

These transformations in the ideas of hospital systems are thoroughly in accord with the tenets of modern medical and surgical practice. There may be numerous difficulties in the way of enlarging or reorganizing hospital and dispensary plans to meet the social requirements of the modernized theory of practice. These alterations, however, will soon be accomplished, without disorganizing the existent systems of administration rather by internal improvements and adjustments than by the addition of new structures. The possibilities of redirecting hospital and dispensary energies into these new channels do not afford insuperable obstacles. The most essential factor, however, is to be found in the co-operation and encouragement of the attending staffs, upon whom rests the serious responsibility of accomplishing the desired results in hospitals and clinics. The tentative standards which have originated from these conferences merit the careful thought of all interested in promoting reforms in the interest of hospitals and clinics as well as in behalf of the community to be served.—*The American Journal of Surgery.*

ORGANIZATION OF ASSOCIATED MANUFACTURERS OF WATER PURIFYING EQUIPMENT

Born almost out of necessity while the recent war was in progress, the Associated Manufacturers of Water Purifying Equipment has now become a permanent organization.

Although formed primarily for the purpose of getting the priority committee to enable members of the Association to obtain sufficient supplies for the operation of their plants, there were other reasons for the organization which did not disappear with the close of the war. Consequently, at a meeting held in New York in March, 1919, it was voted to continue the Association.

Besides establishing friendly relations and co-operation among the members, its work will consist largely of standardization—such as standardization of equipment sizes, of guarantees to customers and of terms of sales. Co-operative advertising, educational campaigns, and freight rates are other matters which will be taken up.

It will be an endeavor of the Association to have architects and engineers specify filters in such a manner that all manufacturing companies figuring on the specifications will estimate on filters of the same diameter. This can readily be accomplished by a specification by architects and engineers of what the rate of filtration should be. Benefits from all standardization and co-operation effected by the Association will naturally be realized by ulitmate purchasers and users.

Committees were appointed to secure data on the standardization of sizes of pressure filters and to draft standard paragraphs for contract forms. Reports from these committees were favorably received at the last meeting, held in Pittsburgh, September 9th, 1919, and the committees were instructed to further continue their work.

Eligibility for membership in the Association is restricted to individuals, firms and corporations regularly engaged in the manufacture and sale of apparatus or equipment for the purification, rectification or sterilization of water.

The present officers are: F. B. Leopold, of the Pittsburgh Filter Mfg. Co., Chairman; Arthur M. Crane, of the New

York Continental Jewel Filtration Co., Vice-Chairman; and H. G. Tate, of the Borromite Company of America, Secretary.

The next meeting of the Associated Manufacturers of Water Purifying Equipment will be held in Omaha, at the invitation of W. W. Turner, General Manager of the Refinite Company, at the Hotel Fontenelle, Monday, November 17th. This will be the first meeting of the Association held in the West and a large representation is expected to be present.

PROMOTION BY SENIORITY

The Medical Press has the following to say on this subject:

It need hardly be said that the system of promotion by seniority is wrong, though in some cases it is difficult to avoid it.

When a physician or surgeon is appointed on the staff of a hospital he usually continues in office until he reaches the retiring age, automatically mounting upward by seniority. A better plan would be—especially in the case of hospitals with schools attached—to make the appointments tenable for a short period and renewable. In a teaching hospital it is of the utmost importance that the members of the medical staff should be efficient teachers. Their duty is not only to treat disease, but to teach others how to treat it; and in this way extend their usefulness beyond the confines of the hospital and medical school.

Canadian Hospitals

ACCOMMODATION FOR FIFTY MORE BABIES

Several thousand members of the Daughters of the Empire attended the annual party at the I.O.D.E. Preventorium on October 24th, when inspection was made of the new wing, which is now nearing completion, also the Nurses' Home, which is in the course of construction. Mrs. E. F. B. Johnson explained that the new wing will have accommodation for at least fifty more babies. It is fitted with the most modern sleeping porches and sun parlors. She asks $60,000 to meet the cost of the new buildings. After a tour of the main building and a few moments spent with the kiddies, tea was served.

HOSPITAL BEDS ENDOWED

For several years past the late Mr. W. P. Gundy generously maintained two cots at the Queen Mary Hospital for Consumptive Children.

The hospital is now in receipt of a cheque for $5,000 from the executors of Mr. Gundy's estate, which amount he has provided for the permanent endowment of these beds, which are known as the Susan C. Gundy and Mary R. Gundy cots.

Lady Drummond, who has just returned to Montreal from five years of war work in Great Britain, announces that the farewell gift presented by the women of Canada to the Duchess of Connaught, since deceased, would be used to build a residential club in the Old Country for ex-service Canadians, who may have taken their discharge there or are visiting England. At the desire of the Duke of Connaught the club will be known as the Duchess of Connaught's Memorial Hostel for ex-Service Men.

Lady Drummond also stated that a Canadian Red Cross hostel is to be opened shortly in London for the benefit of Canadians who have come over for the purpose of visiting the battlefields of France and Belgium.

Publishers' Department

Dix-Make Nurses' Uniforms

Dix-Make Uniforms for Nurses have been officially adopted by the American Red Cross and many leading hospitals and institutions.

Those who have worn Dix-Make Uniforms know how unusually well these garments are cut, stitched and finished, and they will find them now even better than ever. The manufacturers intend to guard with unremitting care the splendid reputation which has been maintained for nearly twenty years, and shall continue to introduce improvements, big and little, so as to make it more than ever *worth your while* to ask for and insist upon getting *the genuine,* which always bears the label "Dix-Make."

It is the wish of Henry A. Dix and Sons that everyone who purchases a Dix-Make Uniform be so pleased with it as to ask for it again.

Ask for Dix-Make brand at reliable department stores, or remittance may be sent direct to us and your wants will be promptly supplied through a responsible dealer.

"The Prince Smokes a Pipe"

Among the many photographs taken of the Prince of Wales during his visit to Canada, one of the most interesting shows him on a fishing trip in Ontario, seated in a boat and smoking a pipe. Rumor has it that the fishing was only fairly good and the weather was bad, but the Prince evidently is aware that a pipe of tobacco enables one to take these matters philosophically. Most good sportsmen are smokers and the pipe seems the proper thing for the fisherman.

Hospital Furniture

For almost anything in the line of hospital furniture (outside of the operating theatre or ward), hospital authorities should write the Gendron Manufacturing Co., Toronto. They manufacture a splendid line of goods for institutional use, particularly the lines shown in Catalogue C. One line worthy of notice is a chair equipped with carrying bars for taking patients up and down stairs. Without the bars, which can be instantly detached, this chair makes an ideal one for the library, verandah or smoking-rooms. Write for Catalogue C.

Why is Maple Leaf Brand Breakfast Bacon so Good?

The real secret lies in curing. To anyone not familiar with curing processes, it may be difficult to fully appreciate the advantages of a cure different from the ordinary. Let it be described this way: Maple Leaf Brand Bacon is cured under a special sweet, dry-salt process which produces a very mild, appetizing flavor; the bacon shrinks in weight both in curing and smoking, which, of course, raises the cost, but, and here is the point: Because of that extra shrink in cure and smoke you get a smaller shrink in frying, so that Maple Leaf Bacon, while higher in first cost, really costs but little more than ordinary brands, while you derive the benefit of a mildness and sweetness of flavor, which always proves such an agreeable surprise to people trying it for the first time.

So much of advertising is along similar lines that mere repetition is not convincing. A trial on your own table is the only real test of *quality;* that is the reason why the demand for Maple Leaf has grown steadily and consistently since the first day it was placed on the market. Just ask for Gunns' Maple Leaf Bacon.

Ice Machines

An equipment that is an absolute necessity in every up-to-date hospital is an *Ice Machine.* This applies not only to the smaller, but also the larger institutions, and it will be interesting to the readers of The Hospital World to learn that of recent months the Canadian Ice Machine Co., Toronto, have installed the

following hospitals with York Ice Machines: Royal Victoria Hospital, Montreal; Toronto General Hospital, Toronto; City Hospital, Hamilton; General Hospital, Sault Ste. Marie; Mountain Sanitarium, Hamilton; Children's Home, Winnipeg; St. Michael's Hospital, Toronto; Soeurs de la Charite, Quebec; Byron Sanitarium, London; Camp Hill Military Convalescent Hospital, Halifax. The Canadian Ice Machine Co. make ice-making and refrigerating machinery an exclusive specialty. Any institution that is considering the advisability of so equipping its building should communicate with this firm at 82 Chestnut St., Toronto.

A Hospital Mattress

HOSPITAL superintendents who are anxious to install high-class bedding in their institutions should, before doing so, communicate with The Parkhill Manufacturing Co., Montreal. This firm recently equipped the New General Hospital, Montreal, as well as other large institutions. The Ostermoor Mattress is resilient and ideal for hospital use, as it will stand the hardest of wear without sagging. It sells at a very reasonable price and is composed of the best of materials.

Maplewood Mills Cotton

THE following are four of the lines this well-known firm puts up:

"Excelsior" cotton, the very highest quality made, is put up in one-pound rolls and in 16, 8, 4, 2, 1, and ½ ounce cartons with attractive lithographed labels and seals at each end. The three other grades are put up exclusively in one-pound rolls, with blue tissue paper between layers, and whether high or low priced, are prepared under strict pharmaceutical rules.

"Standard" or "Hospital" cotton is of good quality and popular in many hospitals, sanitariums, dispensaries, etc.

"Sanitary" cotton, even though it is a third quality article, is better value at the price than any other cotton on the market.

"Absorbon" is made from carded absorbent cotton combings and has excellent absorbent qualities. For sponging and rougher work it is fully equal to the highest grades. Its low cost permits a more liberal use of absorbent cotton without increased expense.

A New Specialty Wanted by a Prominent Firm

The Marvel Company, manufacturers of the Marvel "Whirling Spray" Syringe, is looking for a new ethical preparation or specialty that can be introduced to physicians or to the public, through advertising.

Nearly every physician has a formula or an idea of an instrument or appliance which he thinks would be of great benefit to mankind and prove profitable to the manufacturers but is not in a position to exploit it. The Marvel Company will consider the purchase of same either for cash or on a royalty basis, providing the proposition appeals to them. Formulae for the ordinary household remedies will not be considered. Address Marvel Company, No. 25 West 45th St., N.Y. City.

A Progressive Spirit and Waxed Paper

Just as great advances are being made in the structure of all kinds of hospital utensils and apparatus, so the food supply of the hospital is receiving much more attention now than formerly. Cleanliness is an absolute necessity in such places as hospitals and institutions, and this applies as much to the food eaten by the patients and inmates, as to the buildings in which they live and the furniture by which they are surrounded.

Hospital officials cannot be too particular about the manner in which food is kept in order to maintain the standard of efficiency which is expected from the staff of all large institutions. There is a widespread demand for improved sanitary conditions as applied to the handling and vending of food products in general. This has come about in a large degree because of the development of our knowledge of the influence of sterilizing and preserving of many food products. These sterilized and preserved products have in the nature of the thing been marketed in specially prepared packages and thus the public has become accustomed to the individual wrapper or container and the implied guarantee of cleanliness and wholesomeness which it carries with it.

There is no longer the same need to insist on foods such as cereals, biscuits, sugar, and all confectionery being sold in

packages or waxed paper to preserve them from all contamination, as the practice of wrapping such articles is now in general vogue; even milk, which is such an essential factor in the diet of the sick-room is now pasteurized and sold in sealed bottles. This spirit of progressiveness can be seen in the growing tendency to supply bread, which is indeed the "Staff of Life," in such a manner that it is not touched by any hand from the time it leaves the bakery to the time it is delivered.

You can do something to assist in this great hygienic movement by insisting on all foods, including bread, being supplied to your institution in a perfectly sanitary manner.

Pyorrhocide Powder

Physicians know that there is nothing so important as the proper care of the teeth, and without such care serious systemic infection may occur. There are a vast number of so-called dentifrices on the market, many, however, being worthless from a therapeutic standpoint. One, however, that has deservedly received recognition is Pyorrhocide. If used as it should be, Pyorrhocide thoroughly cleanses the mouth, removes and renders innocuous bacterial growth and thus minimizes decay. The profession can make no mistake in recommending it to their patients.

Borden's Malted Milk

"Borden's" Malted Milk is a real Malted Milk made from Grade A milk from regularly and thoroughly inspected tuberculant tested cattle. It is a full-cream milk, unskimmed in any way, which is combined with carefully selected cereals composed of the finest grade soft winter wheat flour and high grade barley malt. In the process the conversion of the starch into sugar is absolute and complete. There is no free starch in "Borden's" Malted Milk. Furthermore, the malt ferments by our perfected process are not in any way injured, or their ability to convert the protein to a partial peptone at all affected, therefore, the malt ferments not being killed in the process as they are in competing brands, are still alive and active, and by their action upon the protein of the milk they convert the protein of the milk to a partial peptone, causing of course the finished

product to be more easily digested, readily and completely assimilated. In typhoid convalescence at the onset when the bowel flora is intensely alkaline, if "Borden's" Malted Milk is combined with tomato soup in the form of tomato bisque and fed, alkalinity in the bowel will be neutralized and at the same time the patient will receive the proper amount of nourishment in the form of Malted Milk. If you are doing any rectal feeding, and it is desired to have a readily soluble and completely and easy digested food, you will find "Borden's" Malted Milk an ideal rectal feeding product, making an excellent enemata. In the maternity wards, for young nursing mothers, where you desire to increase the flow of the milk where possible, or to increase its richness to the extent that good wholesome feeding will do, you will find "Borden's" Malted Milk an ideal gelactagogue. The Borden Milk Company, Limited, will be glad to send samples to any medical practitioner on receipt of his card.

Sheffield Lunch

Hygienic, inviting and up-to-date; always a safe place to dine. The home of pure food—finest food—superior service. Sheffield Lunch, cor. Yonge and Adelaide Sts. The lunchroom with an enviable reputation.

ANTISEPTIC LOTIONS IN WOUNDS OF WAR

Abstract from *"War Primers."* Pub. by Oxford Medical Press, London.

Most surgeons will now agree that swilling the wound out with lotions of various so-called "antiseptics," all of which are probably useless for the immediate destruction of germs, is not only absolutely inadequate, but has the following great disadvantages:

(1) Active living germs are forced into muscular planes and

recesses, where they can thrive in pockets of pus, and amongst them may be anaerobic germs; (2) the barrier of lymph and leucocytes just beginning to be laid down by Nature is interfered with; (3) there is danger of fluids being actually carelessly forced into the pleural cavity. The authors rightly condemn the use of mercuric lotions, weak lotions of tincture of iodine, tarry preparations, and hydrogen peroxide, all of which are to some extent antiseptic, but not sufficiently strong for the purpose intended. It should be pointed out that another great disadvantage of nearly all so-called antiseptics is that they precipitate albumen, forming an inert compound, and thus they act on the blood of the wound and effectually check the entrance of more antiseptic to the deeper parts, where the organisms have taken up residence and protect the organisms from the protective resources of the body. Moreover, every investigator who has attempted to test the bactericidal value of "antiseptic" lotions in the presence of pus or albumen is agreed as to their absolute inefficacy. To quote one instance only, the authors just quoted report the killing power of corrosive sublimate solution on staphylococcus.

Tested in serum	1:	15,000
In corpuscles	1:	5,000
Tested in pus	1:	1,200

It is well-nigh impossible to attempt to eradicate the notion of the value of antiseptic lotions, but facts show that they are in the main useless, and may be dangerous in the wounds we have under consideration.

It is very probable that another substance will prove of wide value in the immediate treatment of wounds of the thorax; that is, the compound of iodine, now known as "Iodex," which contains 5 per cent. of pure iodine; so far as I can observe, it is the only solution which does not precipitate proteids when brought into contact with it. On the other hand, the iodine it contains penetrates into a proteid, such as gelatin. Certainly in later wounds I have the strongest belief in its efficiency. It is quite painless when applied.

Surgical Strategy, a booklet containing a compilation of some interesting war surgery, will be sent, free of charge, upon request to Pharmacal Advance, 168 Duane St., New York City.

URASAL

Urasal dissolves and eliminates uric acid.

Clears the kidneys and the articulations, supples the arteries.

Sold by all druggists, prescribed by the leading Physicians.

Sample and literature mailed to Physicians on request

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40 St. Urbain Street, Montreal, Canada

Flavor and Energy

BAKER'S COCOA



REGISTERED TRADE-MARK

is a delicious and wholesome drink of great food value and absolute purity.

"Chocolate and cocoa add flavor and energy giving material to a diet and their use will help in many ways in the preparation of palatable, nourishing dishes from those foods of which there is an abundance."

Canada Food Board License No. 11-690.

Walter Baker & Co., Limited

DORCHESTER, MASS. Established 1780 MONTREAL, CAN.

Electrically Lighted Surgical Instruments

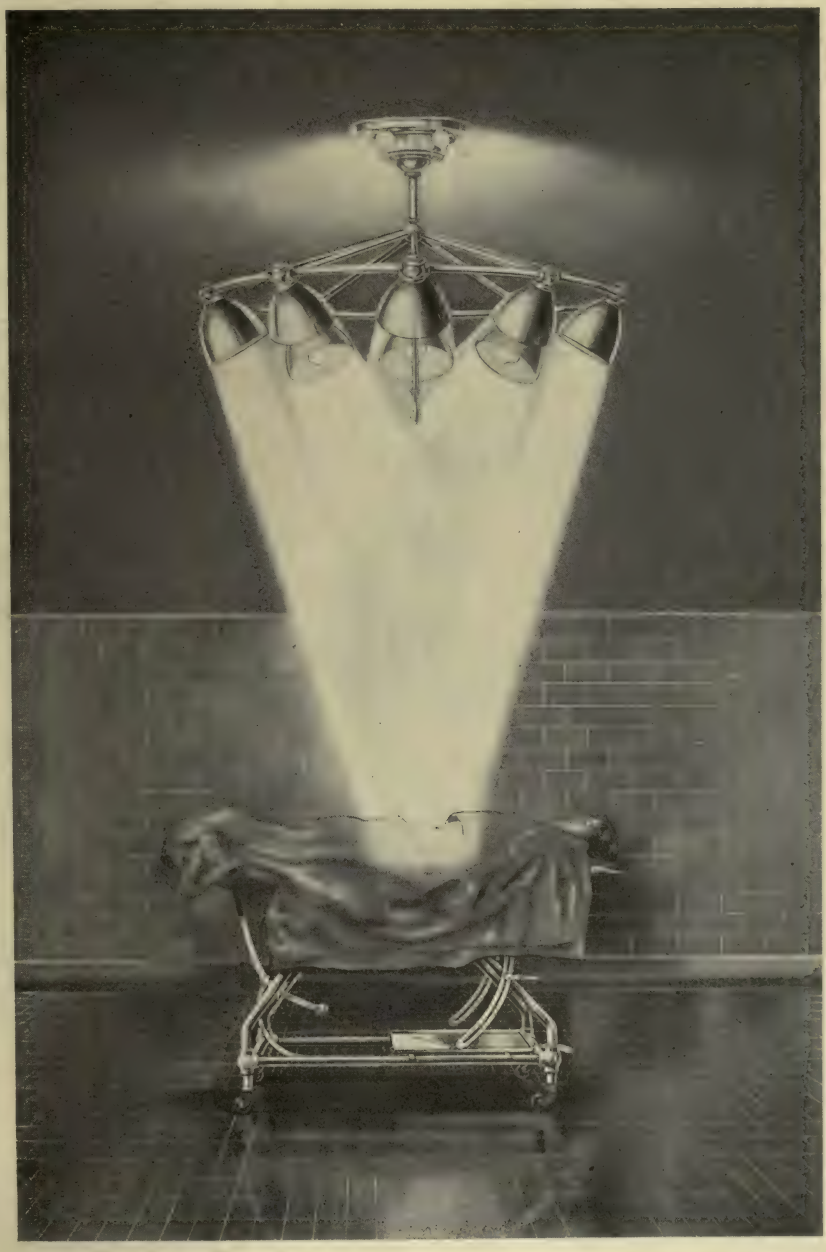
Physicians and surgeons, whether in private, special or hospital practice or both, should bear in mind that the letters "E.S.I.Co." on any electrically lit surgical instrument are a guarantee of quality. The Electrical Surgical Instrument Co., of Rochester, N.Y., are the pioneers in this line. They manufacture Naso-Pharynoscopes, Bronchoscopes, Oesophagoscopes, Gastroscopes, Laryngoscopes, Tongue Depressors, Nasal Specula, Auriscopes, Illuminated Eye Spuds, Transilluminators, Proctoscopes, Urethroscopes, Cystoscopes, Uterine Endoscopes, Vaginal Specula, Socket Current Controllers, and Socket Cautery Transformers. When ordering anything in this line insist upon getting the "E.S.I.Co.'s" goods.

"Curity" Hospital Supplies

By turning to our advertising pages, our readers will notice the advertisement of the Lewis Manufacturing Co., Walpole, Mass. This firm makes a specialty of Hospital Supplies under the trade-mark name "Curity." These Supplies include Gauze, Absorbent Cotton, Bandage Rolls, Adhesive Plaster, Bandages, Wadding and Waterproof Sheeting. These goods are as fine as can be procured anywhere and, once used, will be found to give excellent satisfaction. "Curity" Waterproof Sheeting will give the best of service under the hardest wear.

Sal Hepatica

This preparation is an agreeable effervescent saline laxative and uric acid solvent, and has rapidly gained the favor of physicians generally. It is a combination of lithia and sodium phosphate with the laxative salts similar to those found in the most famous European bitter or purgative waters. The action of the salts held in solution in the "bitter waters" is too well known to demand specific elucidation, but their remedial value is considerably enhanced by the addition of lithia and sodium phosphate. Sal Hepatica can be employed as a laxative and eliminant of irritating toxins with safety and satisfaction in inflammatory conditions of the bowels, and is worthy of a prominent place in the diarrheas of infancy and childhood, and in "summer complaints," which arise from fermentative and putrefactive causes.



"The Bartlett Noshado Operating Room Lite"

Pamphlet will be sent upon request

SCANLAN-MORRIS COMPANY

"The White Line" **MADISON, WISCONSIN, U.S.A.**



The Peculiar Advantage
of the

Marvel "Whirling Spray" Syringe

is that **The Marvel**, by its Centrifugal action, **dilates and flushes** the vaginal passage with a volume of whirling fluid, which smooths out the folds and permits the injection to come in contact with its entire surface.

Prominent physicians and gynecologists everywhere recommend the MARVEL Syringe in cases of Leucorrhea, Vaginitis and other Vaginal diseases. It always gives satisfaction.

All Druggists and Dealers in Surgical Instruments sell it. For literature, address

MARVEL COMPANY
25 West 45th Street, New York.

The Marvel Company was awarded the Gold Medal, Diploma and Certificate of Approbation by the Societe D'Hygiene de France, at Paris, Oct. 9, 1902.

McCrimmon's
Disinfectant and Deodorant

McCrimmon's Disinfectant is a Powerful, Odorless Germicide that removes all obnoxious odors in a few moments. It keeps the sick room fresh and sweet. It is easily and quickly applied with a spray and leaves no messy residue.

McCrimmon's—The Odorless Disinfectant that Deodorizes.
McCrimmon's—The Fluid Deodorant that Disinfects.

COMPOUNDED SOLELY BY

McCRIMMON'S CHEMICALS LIMITED
29 RICHMOND STREET EAST
TORONTO, ONT.

NO INSTITUTION SHOULD BE WITHOUT A

Sani-Can



It is indispensable in a Hospital, being the most sanitary receptacle on the market for dressings, soiled bandages, etc. Surgeons should notice that the cover is raised by foot pressure leaving both hands free.

THE STAR SPECIALTY CO.
TORONTO -:- CANADA

For Sale by Medical Supply Houses Everywhere



Food for Infants

Many are the cases where everything has failed to nourish infants, when JUNKET has proved its remarkable digestibility and saved the day.

Junket
MADE *with* MILK

The dietitian's old standby. The preparation that improves milk — in taste and wholesomeness.

Easily made either with "Junket Tablets" or "Prepared Junket" already sweetened and flavored (Nesnah).

Send for treatise "Junket in Dietetics" and free samples of Junket Tablets.

Chr. Hansen's Laboratory, Little Falls, N.Y.
Canadian Factory, Toronto, Ont.

Fragrant Coffee

How To Make It

First, use a Tricolator, the automatic coffee-maker which requires no attention and never fails, provided you choose

SEAL BRAND

Allow a heaping tablespoonful to each cup. Pour *boiling* water on the coffee. When filtered, serve. It will be the most delicious coffee you ever tasted.

Use the fine-ground grade of Seal Brand, in ½, 1 and 2-lb. air-tight Tins. At all good dealers.

Our booklet, "Perfect Coffee — Perfectly Made" is sent free on request. Write for it.

CHASE & SANBORN
MONTREAL.



TO THE DOCTORS OF TORONTO

Whenever, in our childhood's days, we would discuss in hushed and awed tones, the doctor-man, strange visions of a 'little black bag' would always be conjured up in our minds,—we never seemed to have seen one without the other, they were evidently quite inseparable, but we never quite knew why.

Of course we know now; and with this knowledge come the realization that there is still another friend upon whom the doctor relies,—one that is almost as essential to him as his little black bag, and that is his CAR, and this car must be kept in condition to be ready at a moment's notice.

Now, this is where we come in. We make a practice of maintaining cars in smooth running order. Pleasure cars we work on during the daytime only, but we have established a special ***Twenty-four Hour Service*** on Doctors' cars in order to enable us to return these cars to their owners with the least delay compatible with reliable work.

We have a competent staff of Automobile mechanics, with some fifty-five years' mechanical experience in the Automotive industry and representing about thirty-five years' Army service.

Our endeavor is to give courteous, honest and reliable service.

The PAXOR AUTOMOBILE & ENGINEERING CO.
484-492 Richmond Street, W. - - - Toronto

Fine Hardwood Floors

I take this opportunity of bringing under the notice of the Medical Profession and Hospitals my FINE HARDWOOD FLOORS.

As Medical Practitioners know, carpets are nothing but breeders of germ life, so that no home can be strictly sanitary unless equipped with a HARDWOOD FLOOR.

I specialize in this line of work and am prepared to lay, fill, wax and polish the best floor in the world at the most reasonable rate.

Physicians can confidently recommend me. I am prepared to give special attention to work for the Profession and will appreciate their co-operation.

G. W. GREATOREX

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Hillcrest 2451

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Log Cabin Chocolates

(Registered)

"OH, SO GOOD"

Pure sugar, rich cream, creamery butter, nut meats and pure fruits are the foundation of these superb candies all dipped in one of the smoothest and most delicious chocolates ever produced.

ABSOLUTELY PURE

Made fresh daily. 60c to $1.00 per lb.
Special assortment, **60c lb.**

WE DELIVER ALL GOODS TO HOSPITALS ONLY FREE OF CHARGE

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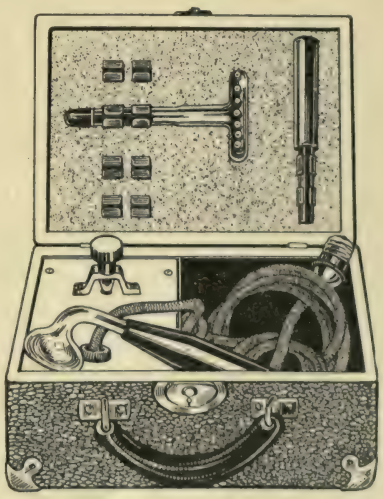
352 YONGE STREET West side, 2nd door above Elm.

289 DANFORTH AVENUE

Add postage for mailing outside city.

VIOLET RAY

FOR many human ills, particularly those which arise from impaired circulation of the blood or depleted nervous systems, Violet Ray treatments are coming into quite general recognition.



"RENU-LIFE"
Generators are Second to None

Prices Within Reach of All

Manufactured in Canada. Particulars on application

RENULIFE VIOLET RAY CO., OF CANADA
347 ADELAIDE ST. W., TORONTO, ONT.
Phone A. 3461



The Prevention of Fires in Hospitals

Of all buildings where a fire should be rendered an impossibility, a Hospital, Asylum or Sanatorium should come first. There should not be an Institution taking care of the sick whose Medical Superintendent does not give this first consideration.

The most effective means yet discovered of extinguishing a fire in its incipient stage is

THE

Pyrene Fire Extinguisher

A fire appliance approved by the National Board of Fire Underwriters.

PYRENE in the Hospital will relieve you of that unpleasant feeling of worry and strain, and the thought that some day you will be visited by fire which will perhaps destroy both life and property.

PYRENE Liquid is a combination of purely organic materials, having an aromatic odor and a high specific gravity. PYRENE contains neither acid, alkali, salts nor moisture, and will not stain the most delicate fabric or injure anything with which it may come in contact.

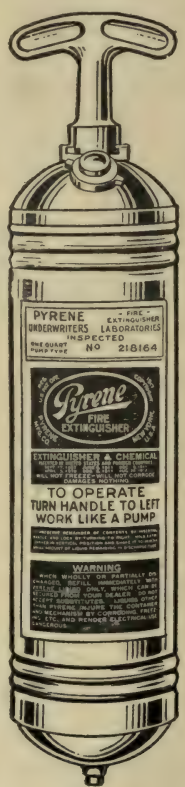
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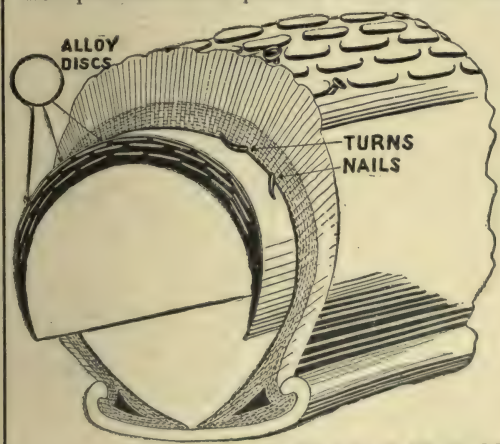
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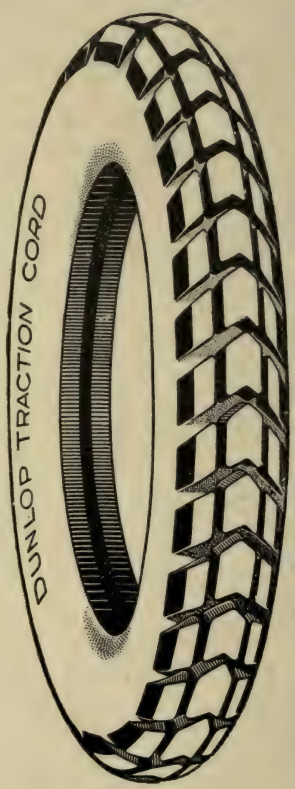
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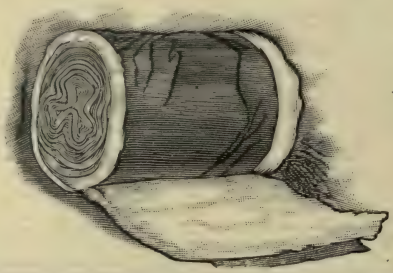
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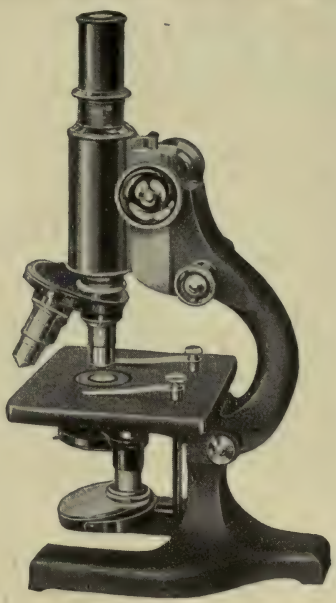
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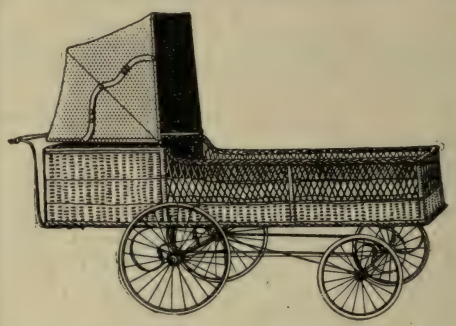
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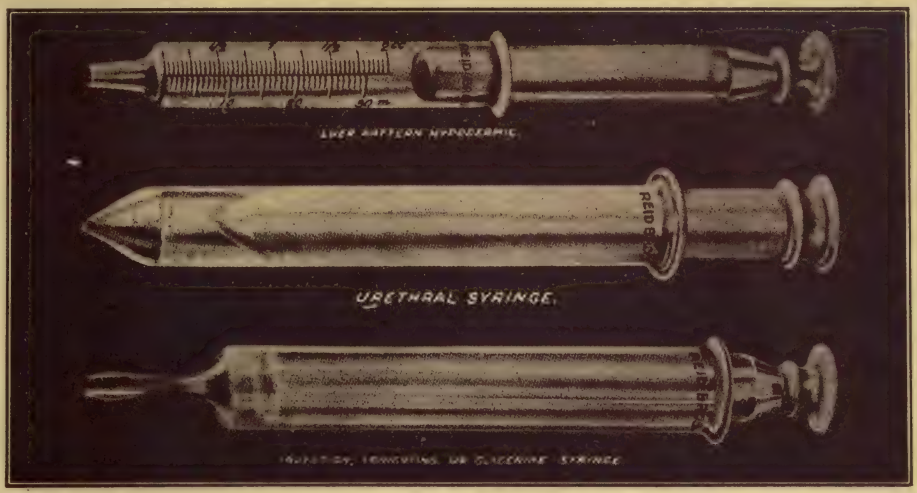


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